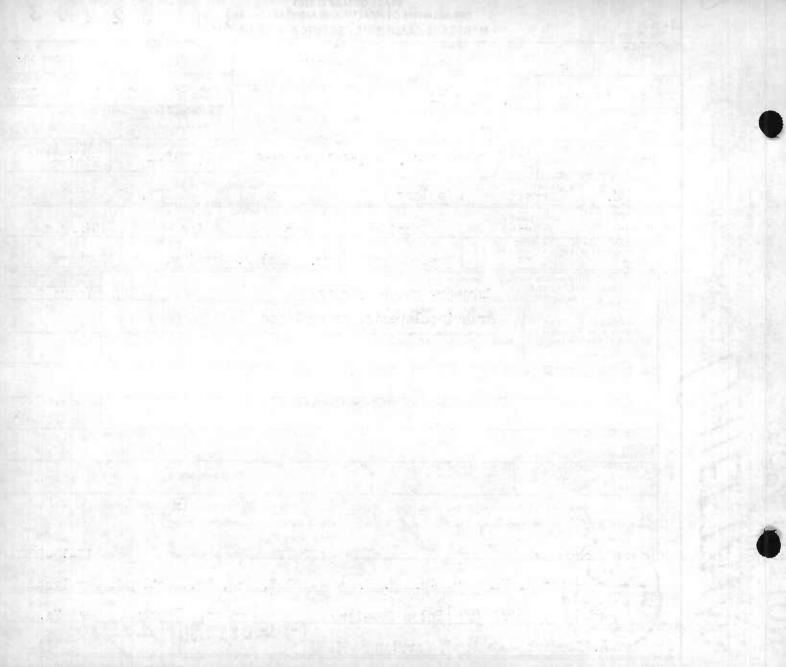
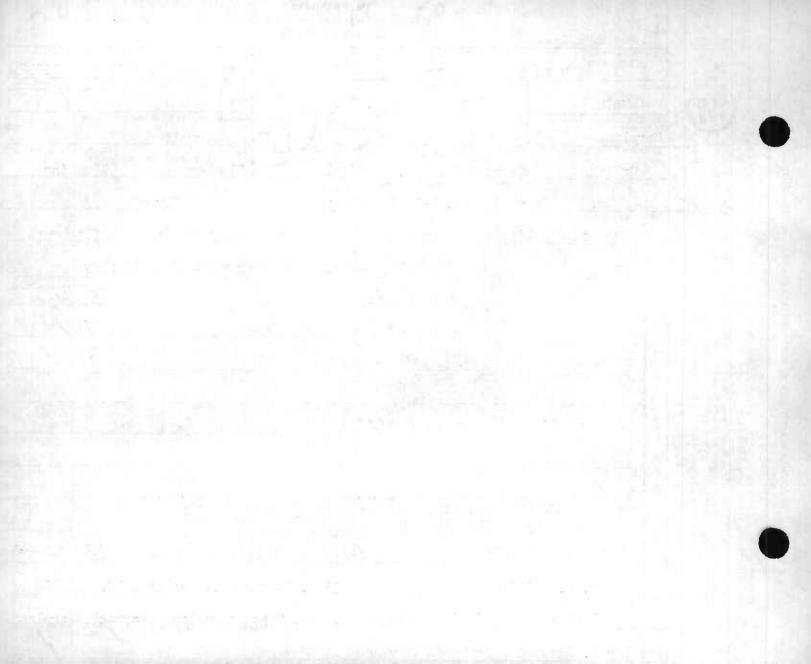
BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

|    |               |   |                                    |                                  |   |                                     | OF MARYLAND                | 13 /3                                | 7 9                                 | 0 0 1                  |
|----|---------------|---|------------------------------------|----------------------------------|---|-------------------------------------|----------------------------|--------------------------------------|-------------------------------------|------------------------|
|    | 1.            | FOR<br>STATE  |                                    |                                  | DEPA                                      |                                     | EALTH AND MENTAL HY        | GIENE & U                            | 2 4                                 |                        |
|    |               | REGISTRAR   |                                    |                                  |   | CERTIF                              | ICATE OF DEATH             | REG. N                               | 0.                                  |                        |
|    |               | CEASED NAME   | FIRS3                              | / '                              | MIDDLE                                    | 0)                                  | 00                         | 20 DATE OF DEATH                     | MONTH DAY YE                        | AR 26 HOUR             |
|    | (TYPE         | OR PRINT)   | Ken                                | las +                            | RAY                                       | Ken                                 | 25/4                       | December '                           | 7, 1980                             | 6:50 p.                |
|    | 3 SE          | X   | Marie                              | 4 RACE                           | ,,,                                       | A                                   | E BIRTH                    | 6 AGE (IN YEARS LAST BIRT            | THOAY] IF UNDER 1                   |                        |
|    |               | Tale /  |                                    | Whit                             | е   | July                                | 10, 1894 YEAR              | 86                                   | YRS                                 | DAYS HOURS MIN         |
| 20 | 7a BI         | RTHPLACE (STATEOR FO  | REIGN                              | 76 CITIZEN OF                    | WHAT COUNT                                | RY?                                 | NEVER MARRIED              | 9. BALTIMORE CITY O                  | R COUNTY OF DEAT                    | TH .                   |
| 5  | W             | lest Virgin   | nia                                | USA                              |   | WIDOWE                              |                            | Commett                              |                                     | MD.                    |
| 90 |               | or town of DEA  | TH                                 | Cuppet                           | HOSPITAL, NU<br>HEACHITY, GIVES<br>T-Week | RSING HOME OTTREET ADDRESS) S Nursi | ng Home                    | Type OF WORK FOR MOST O Laborer      | F WORKING LIFE) INDUS               | ND OF BUSINESS OR STRY |
| 2  | USU           | AL RESIDENCE (IF NURS   | ING HOME OR                        | OTHER INSTITUTION                |   |                                     | AND INCOME CITY IN A STEEL | 13e STREET ADDRESS                   |                                     |                        |
| 15 |               | rvland  | Gar                                |                                  | Friend                                    |                                     | 13d INSIDE CITY LIMITS?    | Walnut St                            | reet.                               |                        |
| -  |               | ATHER'S NAME  |                                    |                                  | 1110110                                   | 012110                              | 15 MOTHER'S MAIDEN N       | AME                                  |                                     | THE PARTY              |
| 10 |               | David   | 1                                  | MIDDLE                           | Beegh                                     | ly                                  | Electia                    | MIDDLE                               | Rodeheav                            | 'er                    |
| 7  | 16n V         | VAS DECEASED EVER   |                                    | MED FORCES?                      | 166 SOCIALS                               | SECURITY NO.                        | 17 INFORMANT               | ADDRE                                | SS                                  |                        |
| 1  |               | No  | (# 165, 6116                       |                                  | 232-22                                    | -1314 A                             | Thelda Fraze               | ee, Friendsv                         | ille, Md.                           | 21531                  |
|    | NO            | Conditions, if ony, gove rise to imm couse (o), stotin underlying couse | which<br>mediate<br>g the<br>last. | DUE TO, OI  (b)  DUE TO, OI  (c) | R AS A CONSE                              | EOUENCE OF                          | Scholice A                 | CHON<br>CHON<br>MINAL DISEASE OR CON | DITION GIVEN IN PA                  | RT 1(o)                |
| 9  | CERTIFICATION | 190. DATE OF OPERAT   | ION                                | 19b. CONDI                       | TION FOR WE                               | HICH OPERATIO                       | N WAS PERFORMED            | 200 AUTOPSY?                         | 206. IF YES, WERE FI                | USES OF DEATH?         |
| -  | E             | 210. ACCIDENT WAS UND   | EBIVING C                          | 1 21h. TIME O                    | E INTILIOV                                |                                     | Tale HOW INJURY OCCU       | YES NO                               | YES 🗌                               | NO 🗆                   |
| 4  |               | OR CONTRIBUTING   |                                    | 110110                           | M. MONTH                                  | DAY YEAR                            | 210.110 W 11430K1 OCCO     | KKED (ENTER NATURE OF 19410          | KT IN HEM TO, PART I OR PAR         | (12)                   |
| 1  | CAL           | (IF EITHER, NOTIFY MEDICA   |                                    | P./                              |   | 19                                  | *** + O.C. + T.O.L.        |                                      | La Maria                            |                        |
|    | MEDI          | 21d. INJURY OCCURR WHILE NOT WHAT WORK                                  | IIIE 🗀                             | 210 PLACE (                      | OF INJURY<br>EET, FACTORY, OF             | FICE, FARM, ETC.)                   | 211 LOCATION<br>STREET     | CITY OR TO                           | WN COUNT                            | Y STATE                |
|    | . 10          | 220.1 certify that (1)  |                                    | tol) ottended the                | e deceased fro                            | om N                                | 10 75                      | 2 to Dec                             | 1980                                | , that (I) (we) lost   |
|    |               | sow the deceose   |                                    | 12-3                             | 80  | - /                                 | Unot in (my) (our) opinio  | n death occurred on the d            | ote and hour and from               |                        |
|    |               | 215 SIGNATURE   | ati na dine                        | li view the body                 | atter deoth.                              |                                     | DEGREE                     |                                      | 22¢. 1                              | DATE SIGNED            |
|    |               | 1/5   | Her                                | 22/2                             | 22  |                                     |                            | MEDICAL STA                          |                                     | 2-7-80                 |
| -  |               | 22d. PHY CIAN B NA  | ME OTH O                           | PRINT                            |   |                                     | 22e ADDRESS                | DIRECTOR PHYSIC                      | IAN L                               | 0-6 00                 |
| 1  |               |   |                                    | ants M.I                         | )   |                                     |                            | , Md. 21550                          |                                     |                        |
| 4  | -             |   |                                    |                                  |   | 22 21445 62 5                       |                            |                                      |                                     | -                      |
|    |               | BURIAL, CREMATION,  | REMOVAL                            |                                  |   |                                     | EMETERY OR CREMATORY       | CITY OR TOWN                         | Fretry fra                          | STATE                  |
|    | 24.5          | Burial  | 1                                  | Dec.10                           | 1,1980                                    | rarnell                             | Cemetery OE                |                                      | Tresvon.                            | N. V. V.               |
|    | 24. F         | NAME OF THE COM   | 7000                               | 1-000                            | ADDRES                                    |                                     |                            | ATE REC'D. BY REGISTRAR              | 236 REDISTRAR'S SIC                 | She we says            |
|    | 11            | · Dunn  | 1000                               | man                              | - Gran                                    | tsville                             | , Md.                      | 3/10/10                              | and stay had department of the same |                        |

| · I · · · · · · · · · · · · · · · · · · | L'heterber 7  |                                       |              |
|---|---------------|---------------------------------------|--------------|
|   |               | week to see the see that              |              |
|   | ,4%2000       |                                       | and the took |
|   | = no lot      | Connect- onto Nursaine Work           | DATE DATE OF |
| State                                   | ser suntainly | X                                     | all leaders  |
| Rowneylo.                               |               | nishnii ylimenii y                    | -Lyau        |
| are of the part                         | ivelnetri er  | Control and American American Company | 68           |
|   |               |                                       |              |
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|   |               |                                       |              |
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|   | 54            |                                       |              |

| 1                                       |          |                                  |                    |           |                                |           |                    |                    |               | ARYLAI        |              |            |                      |                  |           |               | 45      | 14                          | ony                   |
|---|----------|----------------------------------|--------------------|-----------|--------------------------------|-----------|--------------------|--------------------|---------------|---------------|--------------|------------|----------------------|------------------|-----------|---------------|---------|-----------------------------|-----------------------|
| 1                                       | - S      | OR<br>TATE                       |                    |           | AA                             |           |                    | ENT OF H           |               |               |              | HYGIEN     | E C                  |                  | 3         | 2             | 2       | U                           | 3                     |
| 1                                       | -        | EGISTRAR<br>EASED NAME           | FIRS               | i T       | IVI                            |           | DOLE               | AMINI              |               | LAST          | CAIE         | OF DE      | 20 DATE              | KNOV             | G. NO.    | MONTH         | DAY     | YEAR                        | 7b. HOUR              |
|   |          | OR PRINT)                        | Ada                | m         |                                | We        | slev               | 19 HE              | C             | ASSID'        | ,            |            | OF                   | EST<br>H MATI    | -         | 12            |         | 19 80                       | 115#                  |
| 3 :                                     | SEX      |                                  | 4 RACE             |           | DATE OF BIRT                   | Н         | YEAR 6             | AGE (IN YEAR       | s IF UN       | DER 1 YR.     | IF UNDE      | R 24 HRS.  | 2c. DA               | TE               |           | MONTH         | ĎAY     | YEAR                        | 2d. HOUR              |
|   | M        | ale                              | White              | Ã         | ug. 30                         |           | 914                | 66 YRS             |               | DAYS          | HOURS        | MIN        | PRONOL<br>DE A       | INCED            |           | 12            | 16      | 1980                        | 125A                  |
|   | FORE     | HPLACE (ST                       | ATE OR             | 7b.       | CITIZEN OF                     | WHAT      |                    | Y?                 | MARRI         | D X NE        | VER MAR      | RIED [     |                      |                  |           | COUNT         | TY OF D | EATH                        |                       |
| 110                                     | Ma       | ryland                           | NE DE ARLI         |           | USA                            |           |                    |                    | WIDOW         |               | DIVOR        |            |                      | arre             |           |               |         |                             | MD.                   |
| 9                                       | 0        | akland                           |                    | (         |                                | árr       | ett                | CO. Me             | mori          | al Ho         | spit         | a 1 FOR    | MOST OF W            | ORKING LI        | n (TYPE ( | OF WORK       | OR      | nd of bu<br>industr<br>ning | SINESS                |
| 130                                     | STA      | Md.                              | 13b. CC            | arre      | HER INSTITUTION.               | GIVE RES  | Oak 1              | R TOWN             | ۷)            | 13d INSIDE (  | NO 🛚         |            | REET ADD             | RESS             | Rt.       | #2,           | , Bo    | x 180                       | )                     |
| 14.                                     | . FAT    | HER'S NAME                       |                    |           | DDLE                           |           | LAS                | it                 |               |               | IRST         | EN NAM     | E                    | MIDDLE           |           |               |         | LAST                        |                       |
| 1                                       | 144      | Ira                              | EVED INTO          |           | ant                            | 1         |                    | assidy             |               |               | uth          |            | P                    | nn               | 0.0.00    | - 19          | Sir     | mmons                       | 5                     |
| 160                                     | (YES     | Yes                              | VN) (IF YES,       | GIVE WAR  | FORCES?<br>OR DATES}           |           |                    | 09-539             |               | Mrs.          |              | 1 J.       | Cass                 |                  | , Se      | e #1          | l3 al   | oove                        |                       |
|   |          | 8. CAUSE OF<br>PARTIDEA          | TH WAS CAL         | HICED DV  | ne cause per li<br>AUSE (a) CO |           |                    |                    | dic           | 0250          |              |            |                      |                  |           |               | BETW    |                             | INTERVAL<br>AND DEATH |
| 1                                       |          | 4/1                              | if any, w          |           | DUE TO, C                      | or as ter | CONST              | OUENCE O<br>lerosi | S . 0         | enera         | lize         | d          |                      |                  |           |               | 116     | ars                         |                       |
|   |          | gave rise                        | ta immed           | liate     | / (b)                          |           |                    | QUENCE O           |               |               |              |            |                      |                  |           |               | +       |                             |                       |
|   |          |                                  |                    |           | (c)                            |           |                    |                    |               |               |              |            |                      |                  |           |               |         |                             |                       |
| 1                                       |          | AKI Z DINEK SIG                  | NIFICANT CONDIE    | IONS CONT | RIBUTING TO OEA                | IN BUT N  | OT RELATED         | TO THE TERMIN      | AL DISEASE    | OR CONDITIO   | N GIVEN IN P | ART 1 (a). |                      |                  |           |               |         |                             |                       |
| S C C C C C C C C C C C C C C C C C C C | <b>*</b> | 9a DATE OF                       | OPERATION          |           | 19b CON                        | DITION    | FOR WI             | HICH OPERA         | TION W        | AS PERFOR     | MED?         |            |                      |                  |           |               | 20. A   | UTOPSY?                     |                       |
|   | ž L      |                                  |                    |           |                                |           |                    |                    |               |               |              |            |                      |                  |           |               | Y       | ES 🗆                        | NO X                  |
|   |          | IO. EXTERNAL                     |                    |           | 21b. TIME<br>HOUR A            |           |                    | AY YEAR            | 21c. HO       | W INJURY      | OCCURR       | ED (ENTER  | NATURE OF            | INJURY IN        | TEM 18 PA | RT I OR PAI   | RT 2)   | 1                           |                       |
| MEDICAL                                 | 2        | Id. INJURY OF                    | CCURRED            |           | 21e PLAC                       |           | JURY<br>FARM, ETC. | AT HOME,           | 211 LOC       | ATION<br>REET |              |            | CITY OR 1            | OWN              |           | СОН           | PUNTY   | F                           | STATE                 |
|   |          | 22a. I certify<br>death resulted | //                 |           | the remains a                  |           | ed abave           | held on<br>Suic    | Autaps<br>ide | Hamid         |              | Unde       | Inquir<br>termined r |                  | and       | DATE<br>SIGNE |         | 2-16-                       | .8n                   |
| 1                                       |          | XAMINER'S N                      | T) _Jame           |           |                                | ter       |                    | ., М.              |               | DDRESS.       |              | , 2nd      |                      |                  | akla      | and,          |         | ylan                        |                       |
| 230                                     | O. BUR   | IAL, CREMAT                      | ion,removi<br>rial |           | 12/19/                         | 80        |                    | on Cen             |               |               | DRY          | 23d. LC    | or town              | The state of the | oct.      | COUN          |         |                             | ATE                   |
| 24                                      | . FUN    | VERAL DIRECT                     | OR                 |           |                                |           |                    |                    |               | У             | 25a. DATE    |            |                      |                  | esto      | TRAKSS        | Wes     |                             | •                     |
| E                                       | 3ra      | dley A                           | . Stew             | vart      | 0ak                            | and       | d, Ma              | arylan             | d 2           | 1550          |              |            | 1 13                 | ou               | -         | 17            | MAG     | Crow                        | 9                     |



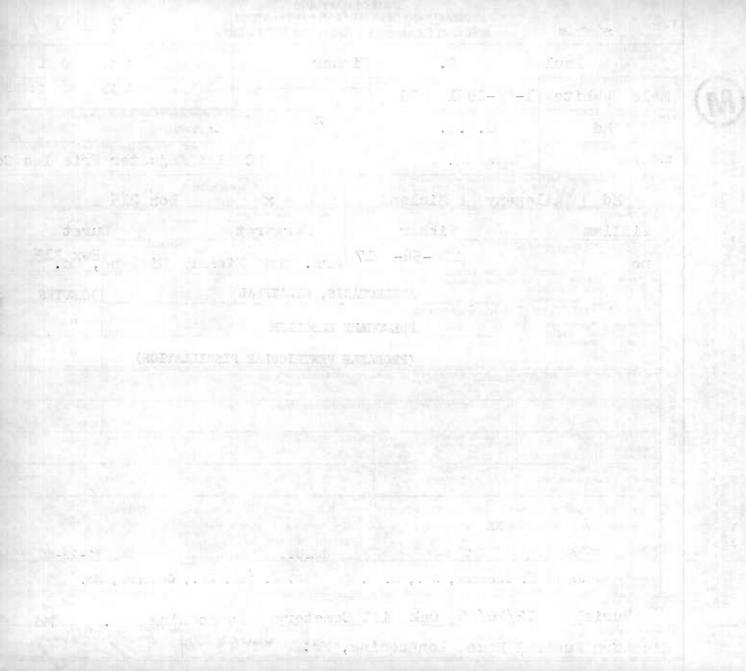


| 1.                    | FOR<br>STATE                            |   |                                 | EALTH AND MENTAL                       | 43 11                                 | 3 2 2 3 3                                   | 5                |
|-----------------------|---|---|---------------------------------|--|---------------------------------------|---|------------------|
|                       | REGISTRAR                               | MI  | DICAL EXAMINI                   | ER'S CERTIFICATE                       | NEO. 14                               |   |                  |
|                       | ECEASED NAME                            | FIRST                                     | WIDDLE                          | LAST                                   | 20. DATE KNOWN OF ESTI-               | MONTH DAY YEAR 26.                          | . HOUR           |
| 3. SE                 |   | elen                                      | Emma                            | DOWNS                                  | DEATH MATED                           | 12 31 1980 2                                | 230A             |
| 3. SE                 | 4. RACE                                 | 5. DATE OF BIRTH                          | 6 AGE (IN YEA                   | RS IF UNDER 1 YR. IF UNDER 1 YR. HOURS | R 24 HRS. 2c. DATE MIN. PRONOUNCED    |   | I. HOUF          |
|                       | Female Whi                              |   | ,1888 92 YR                     | THE STATE STATE                        | DEAD                                  |   | 30A              |
| 3 70. E               | BIRTHPLACE (STATE OR OREIGN COUNTRY)    |   | HAT COUNTRY?                    | 8. MARRIED   NEVER MAR                 | RIED     -                            | OR COUNTY OF DEATH                          |                  |
| 1                     | Maryland                                | USA                                       |                                 | WIDOWED DIVOR                          |                                       |   | MD               |
| 10.0                  | CITY OR TOWN OF DEATH                   | ( IF NOT IN SUCH :                        | SPITAL, NURSING HOME,           | OR OTHER INSTITUTION                   | FOR MOST OF WORKING LIFE)             | E OF WORK 12b. KIND OF BUSIN<br>OR INDUSTRY | IESS             |
| )                     | Oakland                                 | 23 Wes                                    |                                 | reet                                   | Housewife                             | Home  |                  |
|                       |   | NG HOME OR OTHER INSTITUTION,             | 13c. CITY OR TOWN               | 13d. INSIDE CITY LIMITS?               | 13e. STREET ADDRESS                   |   |                  |
| 2                     | Md.                                     | Garrett                                   | Oakland                         | YES X NO                               | 23 West Lib                           | erty Street                                 |                  |
| 14, F                 | FATHER'S NAME                           | MIDDLE                                    | LAST                            | 15. MOTHER'S MAIL                      | DEN NAME MIDDLE                       | LAST  |                  |
|                       | John                                    | Ruh1                                      | Nies                            | Mathi                                  | lda Helena                            | Sohn  |                  |
| 160.                  |   | FYES, GIVE WAR OR DATES)                  | 166. SOCIAL SECURITY            |  | ADDRESS                               |   |                  |
|                       | No                                      |   | 531-14-80                       | 49   Mrs. Emma                         | E. Lawrence, S                        |   |                  |
|                       | 18. CAUSE OF DEATH                      | (Enter only one cause per line CAUSED BY: |                                 |  |                                       | APPROXIMATE INTE<br>BETWEEN ONSET AND       | ERVAL<br>D DEATH |
|                       | 11116"                                  | ANALEDIA IE CHOSE (O)                     | ronary arter                    |  |                                       | Years                                       |                  |
|                       | Conditions, it ony                      |   | R AS A CONSEQUENCE C            |  |                                       | 11  |                  |
|                       | gove rise to im<br>couse (o) stating th | · (-)                                     |                                 | is, generalize                         | 20                                    | "   |                  |
|                       | lying couse lost.                       | DUE TO, O                                 | R AS A CONSEQUENCE O            |  |                                       | HITTER A THE                                |                  |
|                       | PART 2 OTHER SIGNIFICANT CO             | ONOITIONS CONTRIBUTING TO DEAT            | PILT NOT BELATED TO THE TERMIN  | NAL DISEASE OR CONDITION GIVEN IN P    | 1497 1 ( )                            |   |                  |
| CATION                | TAME TO THE MOUNT CAN I CA              | ONORIONS CONTRIBUTION TO OUR              | T SOT NOT KEENTED TO THE TERMIN | ARE DISEASE OR CONDITION DIFER IN P    | A81 I (0).                            |   |                  |
| 7 \$                  | 190. DATE OF OPERATION                  | ON 196. COND                              | ITION FOR WHICH OPERA           | TION WAS PERFORMED?                    |                                       | 20. AUTOPSY?                                |                  |
| 4 8                   |   |   |                                 |  |                                       | YES N                                       | 40 CX            |
| MEDICAL CERTIFICATION | 210. EXTERNAL CAUSE                     |   |                                 | 21c. HOW INJURY OCCURR                 | ED (ENTER NATURE OF INJURY IN ITEM 18 |   |                  |
| N N                   | UNDERLYING OR                           |   | M. MONTH DAY YEAR M. 19         |  |                                       |   |                  |
| ) Š                   | 21d. INJURY OCCURRED                    | 21e. PLACE                                | OF INJURY (ATHOME,              | 21f. LOCATION<br>STREET                |                                       |   |                  |
| 2                     | AT WORK AT WOR                          | TILLE                                     | CTORY, FARM, ETC.)              | SIREET                                 | CITY OR TOWN                          | COUNTY                                      | STATE            |
|                       | 1                                       | ok charge of the remains de               | escribed above, held on         | Autopsy , Inspecti                     | on X, Inquiry X, or                   | nd in my opinion                            |                  |
|                       | death resulted from:                    | Notural causes X.                         | TA.                             | ide . Homicide .                       | Undetermined monner                   | a in my opinion                             |                  |
|                       | V                                       | 7   |                                 | TITLE (SPECIFY)                        | onderer mined monner.                 |   |                  |
|                       | ACTUAL SIGNATURE                        | - 1d Jac                                  | - A X                           | M.D. DEPLITY                           | MEDICAL EXAMINER                      | DATE<br>SIGNED 12 31 10                     | 00               |
| 2/                    | EVALUATION COLUMN                       |   |                                 |  |                                       | 12-31-13                                    | 00               |
|                       | (TYPE OR PRINT) J                       | ames H. Feas                              |                                 |  | 2nd. St., Oakl                        | and, Maryland                               |                  |
| 23a.l                 | BURIAL, CREMATION, REM                  |   |                                 | ETERY OR CREMATORY                     | 23d. LOCATION                         | COUNTY                                      |                  |
|                       | burial                                  | 1/3/81                                    | Oak Lawn                        | Cemetery                               | Baltimore, Ba                         | Itimore, Manual                             | and              |
|                       | FUNERAL DIRECTOR                        | ADDRES                                    | SS                              |  | N 1 2 1981                            | Day Melbert                                 | 15               |
| ) B1                  | radley A. St.                           | ewart Oakl                                | and. Marylan                    | d 21550 JA                             | AIY I / IJUI                          |   |                  |

|                   |               | 500  |   | STATE OF MARYLAND                                     | 18 18                         | 70006   |
|-------------------|---------------|--|---|---|-------------------------------|---|
|                   | 1.            | FOR<br>- STATE<br>REGISTRAR                                      | DEPARTA   | MENT OF HEALTH AND MENTAL HYO<br>CERTIFICATE OF DEATH | REG. NO                       | 3. 2 2 0 0  |
|                   | I. DE         | CEASED NAME FIRST  | MIDDLE  | LAST  |                               | MONTH DAY YEAR 26 HOUR A  |
| ster-page 3       | (TYPE         | Verda Verda  | L.  | ELRICK  | December                      | 30, 1980 12:25 M  |
| rs ofter p        | 3. SE         | Female   | White   | June 16, 18 1   | 6 AGE (IN YEARS LAST BIRTH    | HDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS |
| uffed at one      | Ja B          | RTHPLACE STATE OR FOREIGN OUNTRY] W. Va.                         | 76 CITIZEN OF WHAT COUNTRY?                                 | MARRIED NEVER MARRIED WIDOWED DIVORCED                | 9 BALTIMORE CITY OF           | R COUNTY OF DEATH   |
| the da            |               | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSIN                                | ADDRESS) Orial Hospital                               | 120 USUAL OCCUPATION          | ON 12b. KIND OF BUSINESS OR INDUSTRY                                |
| 9                 | -             |  | R OTHER INSTITUTION, GIVE RESIDENCE BEFORE                  |   | Housewi f                     | fe Own Home   |
| N                 | 130           | W. Va. Gr  | ant Mt. St  | O 17M   13d INSIDE CITY LIMITS?                       | General                       | Delivery  |
| Mine /            | 14 FA         | THER'S NAME  | MIDDLE LAST   | 15 MOTHER'S MAIDEN NA                                 | MIDDLE                        | LAST  |
| ox 2              | V             | Villiam  | E. Oates  | Anna  |                               | Norman  |
| S dical           | 160           | VAS DECEASED EVER IN U.S. AR<br>YES, NO OR UNKNOWN) (IF YES, GIV | RMED FORCES? 16b SOCIAL SECU<br>E WAR OR DATES) 232-60-     |   | ADDRE:                        | Mt. Storm, W. V   |
| the               |               |  |   |   | i irayirar s c                | APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH                       |
| ehi,              |               | PART I. DEATH WAS CAUSE  |   | The Fill  | ue.                           | BETWEEN CHISET AND DEATH  |
| n ev              |               | 1661 IMMEDIA   | TE CAUSE (0)  | 1000  | ,0=0                          |   |
| mofic             | -             |  | DUE TO, OR AS A CONSEQUE                                    | NCE OF  | Trace C.                      | - UN  |
| traum             |               | Conditions, if any, which gove rise to immediate                 | (6)   | e lastitue c  | 20 Con                        | me g  |
| ar ather          |               | cause (a), stating the underlying cause last.                    | DUE TO, OR AS A CONSEQUE                                    | NCE OF  |                               |   |
| 0.0               |               | DADI 2 OTHER SIGNIES AND   | (c)   | DEATH BUT NOT RELATED TO THE TERM                     | AND DISTANCE OR COMP          | TION CHEST IN SACTOR  |
| jury              | Z             | PART Z OTHER SIGNIFICANT   | CONDITIONS CONTRIBUTING TO L                                | DEATH BOL NOT RETAILED TO THE TERM                    | MINAL DISEASE OR COND         | ITION GIVEN IN PART TO  |
| any in            | CERTIFICATION | 190 DATE OF OPERATION  | 119h CONDITION FOR WHICH                                    | OPERATION WAS PERFORMED                               | 200 AUTOPSY?                  | 206. IF YES, WERE FINDINGS USED                                     |
| Shows             | H             |  |   |   |                               | IN CERTIFYING CAUSES OF DEATH?                                      |
| 1                 | E             | 21g. ACCIDENT WAS UNDERLYING                                     | 7 216 TIME OF INJURY  | 21¢ HOW INJURY OCCUR                                  | YES NO NO NO NEIRE DE INITIES | YES NO  |
| 9                 |               | OR CONTRIBUTING CAUSE OF DE.                                     | HOUR A.M. MONTH DA  | Y YEAR  | TENER INTOKE ST TOOL          | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )                             |
| marked ar         | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK                    | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, F | ARM, ETC.]  | CITY OR TOW                   | N COUNTY STATE  |
| realth is mark    | 1             | 22a.1 certify that (I) (this haspi                               | ital attended the deceased from_                            | DEC. 19, 19 80  | to Dec                        | 30 , 19 50 , that (I) (we) last                                     |
| 21 is             |               | saw the deceased alive an  | be 29 19 2  | , and that in (my) (our opinion                       | death accurred on the da      | ite and hour and from the causes stated                             |
| Hem               |               | 22b. SIGNATURE   | of view the body offer death.                               | DEGREE  |                               | 22c DATE SIGNED   |
| ±                 |               |  | bolusa  | ATTENDING PHYSICIAN [                                 | MEDICAL STAF                  |   |
| IMPORTANT: If Hem |               | 22d. PHYSICIAN'S NAME (TYPE O                                    |   | 22e ADDRESS   |                               |   |
| Od /              |               | Dr. Jared Ze   |   | JohnsonOakland, M                                     |                               |   |
| 1                 | 23a. E        | BURIAL, CREMATION, REMOVAL                                       | - 1- 10-  | AME OF CEMETERY OR CREMATORY                          | 23d. LOCATION<br>CITY OR TOWN | COUNTY STATE  |
| _                 |               | Burial   | 1/2/81 R  | ose Hill Cem.   | Cumberla                      |   |
| /76               | 24 F          | INERAL DIRECTOR  | 1. Durchous   | 250. DA   | TE REC'D. BY REGISTRAR        | 25b. REGISTRAR'S SIGNATURE  |
|                   |               | Robert M. Du   | rst Oakland   | Maryland J  | BN Y JUST                     | Fishen hoofhinds  |

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(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

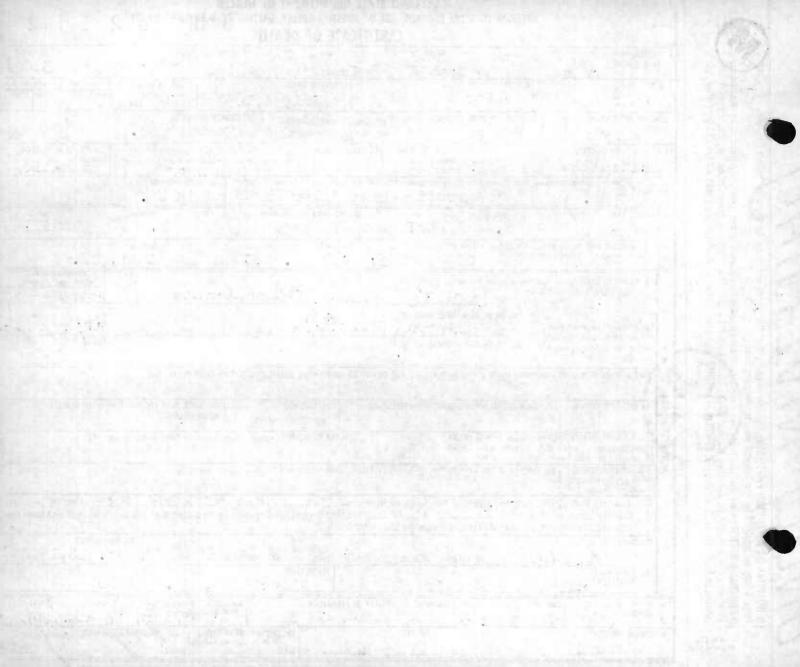
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|    |                       | FOR   |   | DEPARTMENT C                             | F HEALTH AND MENT                  | AL HYGIENE       | 17 7                                      | 2 2           | 9 1           |            |
|----|-----------------------|---|---|--|------------------------------------|------------------|---|---------------|---------------|------------|
|    |                       | STATE<br>REGISTRAR                                  | MI  | EDICAL EXAM                              | <b>INER'S CERTIFICAT</b>           | E OF DEAT        | H REG. NO                                 | -             | Con 1         |            |
| ì  |                       | CEASED NAME FIRST                                   |   | MIDDLE                                   | LAST                               | 20               | DATE KNOWN                                |               | DAY YEAR      | 2b. HOUR   |
| I  | (111                  | Alvin   |   | Henry                                    | HAMTLI                             |                  | OF ESTI-                                  | 12            | 8 80          | 11:05      |
| 3  | SEX                   |   | 5. DATE OF BIRTH                                  |  | YEARS IF UNDER 1 YR. IF UN         | NDER 24 HRS. 20  | DATE                                      | MONTH         | DAY YEAR      | 2d HOUR    |
| L  |                       | Male White  | May 2,  | 1905   75                                | YRS. HOU                           | RS MIN. PF       | DEAD                                      | 12            | 8 80          | 11:05      |
| 7  | a. B)                 | REIGN COUNTRY)                                      | 76. CITIZEN OF V                                  | VHAT COUNTRY?                            | 8. MARRIED X NEVER N               | AAPPIED          | BALTIMORE CITY O                          | COUNT         | Y OF DEATH    |            |
| L  |                       | Maryland  | USA   |  | WIDOWED DIV                        | ORCED -          | Garrett                                   |               |               | MD.        |
| ł  |                       | Y OR TOWN OF DEATH                                  | 11. NAME OF HO                                    | SPITAL, NURSING HO                       | Menorial Hosp                      | 120 USUA         | L OCCUPATION (TYPE<br>ST OF WORKING LIFE) | OF WORK )     | OR INDUSTR    | INESS<br>Y |
|    |                       |   |   |  |                                    | rtar F           | armer                                     |               | Farming       |            |
|    | 30. S1                | L RESIDENCE (IF IN NURSING HOW<br>TATE Md. 136. COL | e or other institution, (<br>INTY<br><b>rrett</b> | 13 CITY OR TOWN                          | 13d. INSIDE CITY LIM               | ITS? 13e. STREE  | T ADDRESS                                 |               |               |            |
| Ļ  | 1.51                  |   | rrett   | Deer Par                                 |                                    |                  | ite #4, Box                               | 352           |               |            |
| ľ  | 4. FA                 | THER'S NAME<br>FIRST                                | MIDDLE  | LAST                                     | 15. MOTHER'S M                     |                  | MIDDLE                                    |               | LAST          |            |
| 1  | 6a \A                 | Hugh<br>AS DECEASED EVER IN U.S. A                  | Gilson  | Hamill                                   | Flore                              | ence             | Louise                                    |               | 0'Brien       |            |
| ľ  | (YE                   | S, NO, OR UNKNOWN) (IF YES, G                       | VE WAR OR DATES)                                  | 215-36-9                                 |                                    | . M. Itaa        |   | 110           |               |            |
| F  |                       |   |   |  |                                    | e N. Ham         | ill, See #                                | 13 at         | APPROXIMATE I | INITERVAL  |
| Г  |                       | PART I DEATH WAS CAU                                | SED BY:   | ereberal va                              | scular accide                      | nt               |   |               | BATHEN ONSET  | AND DEATH  |
|    |                       | 4210 IMMED  | IATE CAUSE (a)                                    | R AS A CONSEQUENCE                       |                                    |                  |   |               |               |            |
|    | -                     | Conditions, if ony, whi                             | th Ar   | rterioscler                              | osis, general:                     | ized             |   |               | Years         |            |
| L  | S.                    | gave rise to immedia<br>couse (a) stoting the unde  |   | R AS A CONSEQUENCE                       | E OF                               |                  | _   |               |               |            |
|    |                       | lying couse last.                                   | (6)   |  |                                    |                  |   |               |               |            |
| 1  |                       | PART 2 OTHER SIGNIFICANT CONDITIO                   | NS CONTRIBUTING TO DEAT                           | N BUT NOT RELATED TO THE 1               | ERMINAL DISEASE OR CONDITION GIVEN | IN PART J (a).   |   |               |               |            |
|    | N<br>O                |   | Previo  | ous cereber                              | al vascular ac                     | ccident          |   |               |               |            |
|    | CAT                   | 190. DATE OF OPERATION                              | 19b. COND   | ITION FOR WHICH O                        | PERATION WAS PERFORMED?            |                  |   |               | 20 AUTOPSY?   |            |
|    | E                     |   |   |  |                                    |                  |   |               | YES 🗌         | но 🗂       |
| 1  | MEDICAL CERTIFICATION | 210. EXTERNAL CAUSE WAS                             | 21b. TIME C<br>HOUR A.                            | OF INJURY<br>M. MONTH DAY YI             | 21c. HOW INJURY OCC                | URRED (ENTER NAT | URE OF INJURY IN ITEM 18 P                | ART 1 OR PART | 1 2)          |            |
| 1  | CAI                   | CONTRIBUTING CAUSE O                                | F DEATH P.  | M. 19                                    |                                    |                  |   |               |               |            |
|    | MED                   | 21d. INJURY OCCURRED WHILE NOT WHILE                |   | OF INJURY (AT HOME<br>CTORY, FARM, ETC.) | . 21f. LOCATION<br>STREET          |                  | CITY OR TOWN                              | COUP          | NTY           | STATE      |
|    |                       | WHILE AT WORK AT WORK                               |   |  |                                    |                  |   |               |               |            |
|    | 17                    | 22a. I certify that Toak cha                        | rge of the remains de                             | escribed above, held a                   | Autapsy , Insp                     | ectian .         | Inquiry , and                             | l in my api   | nian          |            |
|    |                       | death resulted from Na                              | rural causes 🔲 —                                  | Accident .                               | Suicide . Homicide                 | Undetern         | nined manner                              |               |               |            |
|    |                       | 1   |   | 4  | TIDE PEOP                          | <b>(*)</b>       |   |               | 12-8-19       | 80         |
| 1  |                       | SIGNATURE TO  | -N )  |  | M.D.                               |                  | ALEXAMINER                                | DATE          |               | 00         |
| )  |                       | EXAMINER'S NAME Jam                                 | es H. Feas  | ter, Jr.,                                | M. D. 107 8                        | S. 2nd.          | St., Oakla                                | nd. N         | Md.           |            |
| -  |                       | (TYPE OR PRINT)                                     |   |  | ADDRESS                            |                  |   | ,             |               |            |
| 23 | 3a. Bt                | RIAL, CREMATION, REMOVAL                            |   |  | CEMETERY OR CREMATORY              | 23d. LOC         | land, Gar                                 | COUNT         | TY STA        | TE         |
| 1  | 4 61                  | burial<br>NERAL DIRECTOR                            | 12/11/80  | Thayery                                  | ille Cemetery                      | Uak              | land, Gar                                 | rett,         | Maryla        | nd         |
|    |                       | NAME  | ADDRES  | and, Maryl                               | 25K D                              | TRECIDIBAGE      | 4200 N. Nege                              | KAK 93K       | GNATURE       |            |
| L  | DI                    | adley A. Stew                                       | are Uaki  | and, Mary                                | and 21550                          |                  | in Albhan                                 |               |               |            |

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MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Last First Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) Cass Hamill Huw son Dec 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS White lost birthday) HOURS Male July 4,1891 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Garrett Co. USA WIDOWED F DIVORCED [ requires that the death certificate be executed within 24 within ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) St during most of working life, even if retired.) INDUSTRY Kitzmiller Mducatio 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Garrett OTYES TO NO Main St. burial, crematian, or remaval, and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Hutson Hamill Rebecca George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) Rawlings. John Hudson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if ony, which gove: burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (I) (this hespital) attended the deceased from A. 1975, to Surify, 1970, that (I) (we) last saw the deceased alive an 1519 by, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** Dec. 16.1980 DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Kitzmiller, Md. Calendrella 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) Cemetery REMOVAL (Specify) Hamill 24. FUNERAL DIRECTOR ADDRESS 2Sb. M. GISTRER S VR A15 (4) David 30M REV. 1/68 Burdock Kitzmiller Md DATE



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| -  |                | FOR<br>STATE   |                             |  |                       | STA<br>MENT OF<br>EXAMIN |              | AND M         | ENTAL                      | - 1             | 4  | 3                | 2               | 2 1                  | 4             |
|--|----------------|--|-----------------------------|--|-----------------------|--------------------------|--------------|---------------|----------------------------|-----------------|--|------------------|-----------------|----------------------|---------------|
| (M)  | 1. DE          | REGISTRAR CEASED NAME E OR PRINT)  | FIRST                       |  | MIDDLE                | EXAMIN                   | -            | LAST          | CAIE                       | OF DEA          | 20. DATE KI  | ESTI-            |                 | DAY YEAR             | 26. HOUR      |
|  | 3. SEX         |  | M                           | DATE OF BIRTH                                    | YEAR                  | 6. AGE (IN YE            | ARS IF UNI   | DER 1 YR.     | IF UNDE                    | R 24 HRS.       | 2c. DATE<br>PRONOUNC   | MATED XXX        | x 12-           | 10-80                | 10:30a        |
| CESSARY, VERAL DIR. VOUR YOUR YOUR YOUR  | 7a BI          | emale White RTHPLACE (STATE OR REIGN COUNTRY)  |                             | ar. 21,19  |                       | TRY?                     | RS.          | D NE          |                            |                 | 9. BALTIMO   | 12-              | -10-8<br>COUNTY |                      | 10:40         |
| 22234  |                | aine   |                             | USA  |                       |                          | WIDOWI       |               |                            | CED 🔀           | Garre  |                  |                 |                      | MD.           |
| DELAY IS N<br>3 TO THE FL<br>IN PAGE 5<br>0 BE FILED.  | F              | TY OR TOWN OF DEATH  |                             | NAME OF HOSP<br>(IF NOT IN SUCH FACE<br>Maple St | reet                  | REET ADDRESS)            |              | R INSTITU     | TION                       | FORA            | nost of working<br>nemaker   | NG LIFE)         | F WORK          | Own H                | TRY           |
| AND 3<br>RETAIN<br>HOULD   | 130. S<br>Ma.: | ryland (   | COUNTY Garret               |  | 13c. CITY             | OR TOWN                  |              | 13d. INSIDE C | NO [                       | 13e STRI<br>Mar | eet address<br>le Str  |                  |                 |                      |               |
| MD.  |                | THER'S NAME (unknown)  |                             | DDLE   |                       | LAST                     |              | , F           | er's mail<br>erst<br>iknow | n)              | MIDE   | DLE              |                 | LAST                 |               |
| FTER DE FORM FES 1 AT ION OF   |                |  | U.S. ARMED<br>YES, GIVE WAR |  |                       | IAL SECURIT              |              | 17. INFOR     |                            |                 |  | ADDRESS          |                 | 2/2 6                | 2 502         |
| RS A GIV   |                | No No  | <b>—</b>                    | -  | -                     | -30-75                   | 96           | Lydia         | a J.                       | Frien           | id, Fr   | Lendsv           | ille,           | Md. 2                |               |
| HOUL<br>HOUL<br>A 18<br>AG AG A   |                | 18. CAUSE OF DEATH (<br>PART I DEATH WAS   | CAUSED BY:                  |  | ar (a), (b)           |                          | onary        | z Em          | bolis                      | sm. Ma          | assive   |                  |                 | Hours                | ET AND DEATH  |
| THIN 2. IL IN ITE REALC NSIT PE LL HYGH  |                | Canditians, if any   |                             | DUE TO, OR A                                     |                       |                          | OF           |               |                            |                 |  |                  |                 |                      |               |
| CUTED WIP EXAMIN LEXAMIN URIAL-TRA LO MENTA LA M |                | cause (a) stating the lying cause last.  |                             | DUE TO, OR A                                     | S A CON               | SEQUENCE                 | OF           |               |                            |                 |  |                  |                 |                      |               |
| CORDS, 30  BE EXECU INDING" IN MEDICAL E AS A BUR ANTH AND MATION, C   | NO             | PART 2 OTHER SIGNIFICANT CO  | INDITIONS CONTR             | RIBUTING TO DEATH RU                             | JT NOT RELA           | TEO TO THE TERM          | INAL OISEASE | OR CONDITIO   | N GIVEN IN I               | ART I (a).      |  |                  |                 |                      |               |
| ITAL REC<br>SHOULD E<br>SHOULD E<br>CHIEF M<br>CHIEF M<br>OF HEAL  | CERTIFICATION  | 190. DATE OF OPERATION   | NC                          | 196. CONDITI                                     | ON FOR V              | WHICH OPER               | ATION WA     | AS PERFOR     | MED?                       |                 |  |                  |                 | 20 AUTOPSY<br>YES XX | (?<br>K NO [] |
| ISION OF VITA ISION OF VITA NG THE WORD NG THE WORD IS SHOULD BE OF ISHOULD BE OF ISON OF THE OFF ISON |                | 210. EXTERNAL CAUSE ON TRIBUTING CAUSE CAU |                             | 21b. TIME OF I<br>HOUR A.M.                      |                       | DAY YEAR                 | 21c. HO      | W INJURY      | OCCUR                      | RED LENTER N    | NATURE OF INJUR  | Y IN ITEM 18 PAI | RT I OR PART    | 2)                   | 183           |
| DIVISICE HIS CERTIING WRITING ARDED TAGE 3 SHI ATE DEPARED OI PRIOR  | MEDICAL        | 21d INJURY OCCURRED WHILE NOT WH AT WORK AT WOR  | HILE                        | 21e PLACE OF<br>STREET, FACTO                    |                       |                          | 21f. LOC     | ATION         |                            |                 | CITY OR TOWN   |                  | COUN            | 4TY                  | STATE         |
| EXAMINER: TI<br>CERTIFICATE, VOULD BE FORW<br>DIRECTOR: P. WITH THE STA<br>AARYLAND, 212   |                | 220. I certify that I to<br>death resulted fram:<br>ACTUAL   | ak charge af<br>Natural co  |  | ribed aba<br>Accident |                          | Autaps;      | Hamie         | Inspecticide               | Undet           | Inquiry X  | ner,             | in my apir      | 2-10-8               | 0             |
| TO MEDICAL EXAMENTED THE CERT PAGE A SHOULD TO FUNERAL DIRE BATTER CENTH, WITH BALTIMORE, MARYL  | tan "          | EXAMINER'S NAME JO   | ames H                      | . Feaste   | er, J                 | r., M.                   |              | DDRESS_       |                            |                 | ical examination of the state o |                  |                 | , Md. 2              |               |
| TO TO A PETER BALL   | 23a.B          | JRIAL CREMATION REM  | OVAL 23h D                  | ATE  | 123c N                | IAME OF CE               | METERY OR    | CREMATO       |                            | 23d. LO         | CATION   | 24.7             | COUNT           | žoo.                 | STATE         |
| BP   |                | NETAL DIRECTOR   | ^                           | .12,1980   |                       | stviev                   |              |               | Pari                       | REC'D BY        | timore<br>1986 RAR   | y Ma.            | 217             | Boundy               |               |
| (VR A15 ME (5))<br>15M 7/77  | 1.             | Lynn 8   | feun                        | race   | Frant                 | sville                   | , Md.        | 1.1           |                            | O T O           | 1000   | 1                |                 | 2/                   | 200           |

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|                                       | 1. DE         | REGISTRAR<br>CEASED NAME  | FIRST  |                                 | MIDDLE   |                       |  | 20. DATE KNOWN MON   | TH DAY YEAR 26 HO                                  |  |  |  |  |
|---------------------------------------|---------------|---|--|---------------------------------|--|-----------------------|--|--|--|--|--|--|--|
| 35                                    | (TYP          | E OR PRINT)   | Hari   | rison                           | B.   |                       | Kyle   | OF ESTI-   |  |  |  |  |  |
|                                       | 3. SEX        |   | White  | June 24                         | 1012 LAS BITH  | PAY) MONTH            | DER 1 YR. IF UNDER                               | 24 HRS. 2c. DATE MONT PRONOUNCED DEAD 12                             | H DAY YEAR 26. HO                                  |  |  |  |  |
|                                       | FO            | RTHPLACE (STA   |  | 76. CITIZEN OF V                | VHAT COUNTRY?  | 8. MARRI<br>WIDOW     | ED NEVER MARRI                                   | ED Garrett   |  |  |  |  |  |
|                                       | G             | rants <b>vi</b>   | lle  | Star R                          | SPITAL, NURSING HOME   | restb                 |  | 12a. USUAL OCCUPATION (TYPE OF WORFOR MOST OF WORKING LIFE)  Laborer | 12b. KIND OF BUSINESS<br>OR INDUSTRY<br>Ballistics |  |  |  |  |
|                                       | 130 S         | L RESIDENCE (I  | IF IN NURSING HOME   | OR OTHER INSTITUTION, O         | GIVE RESIDENCE BEFORE ADMIS:<br>13c. CITY OR TOWN<br>Grantsv |                       | 13d. INSIDE CITY LIMITS?<br>YES NO               | NO Star Rt Box 50 Frost  |  |  |  |  |  |
|                                       | 14. FA        | THER'S NAME<br>FIRST<br>Harri   | son  | MIDDLE                          | Ky 1est  |                       | 15. MOTHER'S MAIDE                               |  | Bradley  |  |  |  |  |
|                                       | 160. W        | AS DECEASED   | EVER IN U.S. AR  | RMED FORCES?<br>E WAR OR DATES) | 215-10-4   | L11                   | Mrs Jane   | Kyle Star Rt Box !   | 50 Frestburg                                       |  |  |  |  |
|                                       |               | 18. CAUSE OF<br>PART I DEA  | ATH WAS CAUSE  | D BY:                           | me far (a), (b), and (c).) Metastati                         | 0.63                  | aainama  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA         |  |  |  |  |
|                                       |               | gave rise   | s, if any, which<br>ta immediate<br>stating the <u>under</u>   | DUE TO, O                       |  | н                     |  |  |  |  |  |  |  |
|                                       | NO            | PART 2 OTHER SIGN   | nificant conditions  | contributing to DEAT            | BUT NOT RELATED TO THE TER                                   | MINAL DISEASE<br>Scul | OR CONDITION GIVEN IN PAI                        | RT 1 (a).  |  |  |  |  |  |
|                                       | CERTIFICATION | 19a. DATE OF  | OPERATION  | 19b. COND                       | ITION FOR WHICH OPE  | RATION W              | AS PERFORMED?                                    |  | 20. AUTOPSY?                                       |  |  |  |  |
|                                       | CAL CERT      | 210. EXTERNAL<br>UNDERLYING<br>CONTRIBUTIN                                |  |                                 | M. MONTH DAY YEA   | 21c. HC               | OW INJURY OCCURRE                                | D (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR                       | 46   |  |  |  |  |
|                                       | MEDICAL       | 216. INJURY OF  | CCURRED<br>NOT WHILE (<br>AT WORK  |                                 | OF INJURY (AT HOME, CTORY, FARM, ETC.)                       |                       | CATION   | CITY OR TOWN   | COUNTY STATE                                       |  |  |  |  |
|                                       |               |   | 22a. I cerply that I took charge of the remains described above, held an death result |                                 |  |                       |  |  |  |  |  |  |  |
|                                       |               | 220. I cery ly<br>death resulted<br>ACTUAL<br>SMONATURE                   | Q. Natu  | rral causes 🗶                   | Accident ,   | Mide                  | Hamicide   | Undetermined manner ,  MEDICAL EXAMINER SIG                          | E 12-18-80   |  |  |  |  |
| 2   S   S   S   S   S   S   S   S   S | <i>23.</i> 9/ | 220. I cery<br>death results<br>STANTURE<br>EXAMINER'S N<br>(TYPE OR PRIN | IAME ame s   | H. Hea                          | ster, Jr.  | M. M.                 | Hamicide  TITLE (SPECIFY)  DEPUTY  ADDRESS 107 S | Undetermined manner ,  | E 12-18-80   |  |  |  |  |

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| 1  | 1-                    | FOR<br>STATE   |  |   |              | MENT OF<br>EXAMIN |                      | AND M       | ENTAL       |             | 34 1 1   | 3            | 2 2  | 17                                   |
|--|-----------------------|--|--|---|--------------|-------------------|----------------------|-------------|-------------|-------------|--|--------------|--|--------------------------------------|
|  | I. DE                 | REGISTRAR<br>CEASED NAME                               | FIRST  | 711   | MIDDLE       | EXAMIL            | NEK 3 C              | LAST        | CATE        | OF DEA      | IVE.   | G. NO.       | AONIH DAY  | YEAR 75 HO                           |
|  |                       | PE OR PRINT)   | Sicela   | Al.   | +0           | T.                | ANDO                 | NT          |             |             | 2a. DATE KNOW<br>OF ESTI-<br>DEATH MATE              |              | 12 1   | 80 17                                |
| EASI   | 3. SE                 |  | RACE   | 5. DATE OF BIRTH                            | va           | 6 AGE (IN Y       |                      | IDER 1 YR.  | IE LINDI    | ER 24 HRS.  | 2c. DATE   | M            | ONTH DAY   | YEAR 2d. HO                          |
| RY, Pt.  |                       |  | White  | 5/5/19                                      |              | 77 Y              | RS.                  |             | HOURS       | MIN.        | PRONOUNCED<br>DEAD                                   |              | 124,   | ,80 6P                               |
| ECESSA<br>JNERAL<br>FOR<br>WITH  | 7a B                  | IRTHPLACE (STATE DREIGN COUNTRY)                       | OR   | 76. CITIZEN OF W                            | HAT COUN     | TRY?              | 8.<br>MARRI<br>WIDOW | ED NE       | EVER MAR    | _           | 9. BALTIMORE C                                       | -            | OUNTY OF DE  | ATH ,                                |
| S H S S S S S S S S S S S S S S S S S S  |                       | ITY OR TOWN OF   | DEATH  | 11. NAME OF HOS                             |              |                   | E, OR OTH            | ER INSTITU  | JTION       | 12a. US     | UAL OCCUPATION                                       | (TYPE OF     | WORK 126. KIND   | OF BUSINESS                          |
| DELAY IS NO THE F  |                       | t. Lake  | Park   | 1114 "                                      | I" S         | treet ADDRESS)    |                      |             | TI.         | Ho          | MOST OF WORKING LIFT<br>USEWI TE                     | i)<br>}      |  | Home                                 |
| 21201  IF ANY DELA 3. RETAIN B. SHOULD B. I. RECORDS.  | 13a S                 | Md.  | 136. COUN<br>Gar   | r other institution, G<br>TY<br><b>rett</b> |              | OR LOWN           |                      | 13d INSIDE  |             | 13e STR     | REET ADDRESS   | Str          | eet  |                                      |
| A T N 4  | 14. F                 | ATHER'S NAME   |  | MIDDLE                                      |              | LAST              |                      |             | FIRST       | DEN NAME    | MIDDLE   |              | LA   | ST                                   |
| DRE, MD R DEATH AGES 1, RAW PM 1 AND 2   |                       | John   | 3.7  | A.  | Ma:          | rtin              |                      |             | Alta        | t           | M.   |              | Kel  | 30                                   |
| BALTIMORE, GINE AFTER DE GINE PAGES WITH FORM PAGES 1 AN PAGES 1 AN DIVISION OF  | 16a. \                | WAS DECEASED EN  | ER IN U.S. ARA   | MED FORCES?<br>WAR OR DATES)                |              | CIAL SECURIT      |                      | 17. INFOR   |             |             |  | DRESS        |  |                                      |
| , BALTIMO  JURS AFTER  18. GIVE PA  WITH FOR  T. PAGES 1   | _                     | No   |  |   | 213          | -03-1             | 929B                 | Ma          | ry E        | Betty       | Landon   | 1 3          | same a   | s 13                                 |
|  |                       | 18 CAUSE OF DI<br>PART I DEATH                         | EATH (Enter ani  | y ane cause per line<br>BY:                 | far (a), (b  | ), and (c).)      |                      |             |             |             | The second   |              | BETWE  | OXIMATE INTERVAL<br>EN ONSET AND DEA |
| TON ST.,  24 HOL  24 TEM 18  ALONG  PERMIT.  FORENE, I   |                       | 11.1   | IMMEDIAT   | E CAUSE (a)C                                |              |                   |                      | y dis       | seas        | e           |  |              | Yes  | ars                                  |
| EST<br>FINAL<br>SIT 1  |                       | Canditians,  | any, which   | AI  | rteri        | SEQUENCE<br>LOSCI | rosi                 | is, g       | gene        | rali        | zed  |              | 1  | 1                                    |
| 5, 301 W. PRESTON ST.  CECUTED WITHIN 24 HO 3". IN PENCIL IN ITEM 1 AL EXAMINER ALONG BURIAL-RRANSIT PERMIT AND MENTAL HYGENE.  ON, OR REMOVAL.  |                       | cause (a) sta  | ta immediate ting the <u>under-</u>  | / (b)                                       |              | ISEQUENCE         |                      |             |             |             |  |              |  |                                      |
| UTEE<br>IN PE<br>EXA<br>RIAL   |                       | lying cause l  | ast.   | (c)   |              |                   |                      |             |             |             |  |              |  |                                      |
| SHOULD BE EXECUT SPOULD BE EXECUT ORD "PENDING" IN CHIEF MEDICAL E E USED AS A BURIX OF HEATIN AND A ALL, CREMATION, O   | z                     | PART 2 OTHER SIGNIF                                    | ICANT CONDITIONS   | CONTRIBUTING TO DEATH                       | BUT NOT RELA | NTEO TO THE TERM  | WINAL DISEASE        | OR CONDITIO | ON GIVEN IN | PART 1 (a). |  |              |  | C I I I                              |
| RECORDS ILD BE EXI PENDING F MEDICA F M | AT OF                 | 19a. DATE OF OP  | ERATION  | 196 CONDI                                   | TION FOR     | WHICH OPE         | RATION W             | AS PERFOR   | RMED?       | -           |  |              | 70 AU  | TOPSY?                               |
| HAL R  | IFIC                  |  |  |   |              |                   |                      |             |             |             |  |              | 11   | S NOTE                               |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL RIDED TO THE CHEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PRIOR TO BURIAL, CREMATION, OR REMOVAL.   | MEDICAL CERTIFICATION | 210. EXTERNAL C<br>UNDERLYING<br>CONTRIBUTING          | OR   |   | A. MONTH     | DAY YEA           | R 21c. HC            | OW INJURY   | Y OCCUR     | RED (ENTER  | NATURE OF INJURY IN IT                               | EM 18 PART   |  |                                      |
| BIVISION OF VITA  R. THIS CERTIFICATE SHO TE, WRITING THE WORD TRWARDED TO THE CHI STATE OF SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURRAL,  | MEDIC                 | 21d. INJURY OCC<br>WHILE<br>AT WORK                    | URRED  | 21e PLACE                                   |              | (AT HOME,         |                      | CATION      |             |             | CITY OR TOWN   |              | COUNTY   | STAT                                 |
| DICAL EXA CAME<br>TE THE CERTIFICA<br>A SHOULD BE FO<br>NERAL DIRECTOR<br>DEATH, WITH THE<br>ORE, MARYLAND,  |                       | 22a. I certify the death resulted for ACTUAL SIGNATURE | of Ifaak charg   | e of the remains detailed all causes X,     | Accident     | O, si             | Aurap                | Hami        | estecte.A   | · Undet     | Inquiry X, termined manner  DICAL EXAMINER  2nd . St |              | my apinian  DATE 12-L SIGNED  OAKLANG  |                                      |
|  | 23a. E                | URIAL, CREMATIO  | _  | 36. DATE                                    |              | NAME OF CE        | METERY O             | R CREMAT    |             | 23d. LC     | OCATION<br>OR TOWN                                   | reffer       | COUNTY (7)   | arr. M                               |
| BP   | 24. F                 | Bur i  | the second secon | 7/1/00                                      | W            | hite              | onur                 | en C        | 25g DAI     |             | (up all )  | REGISTR      | SIGNATU  | - Statemen                           |
| DHMH - 17<br>(VR A15 ME (5))   | -                     | obert M  | 人でして   | + 17 3                                      | klan         | d Ma              | rvla                 | nd          |             |             | 1.40   | Rion.        | 404500   |                                      |
| 30M 7/73   | 4.0                   | O O O I O II   | a nm p   | va.   | niail        | ug Ita            | гула                 | LICL        |             |             | 420  | <b>一种种种种</b> | AND THE PARTY OF T | -512-                                |

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|   |                       |                                  |  |                              |                  |                   | F MARY         |                    |               |                               |                  |          |             |               |
|---|-----------------------|----------------------------------|--|------------------------------|------------------|-------------------|----------------|--------------------|---------------|-------------------------------|------------------|----------|-------------|---------------|
|   | 1-                    | FOR<br>STATE                     |  |                              |                  |                   |                | MENTALH            | - 21          | . 0                           | 3 :              | 2 2      | 2 1         | 8             |
|   |                       | REGISTRAR                        |  | WEI                          |                  | AMINER            |                | FICATE O           |               | KE                            | G. NO.           |          |             |               |
|   |                       | CEASED NAM                       |  |                              | WIDDLE           |                   | LAST           |                    |               | DATE KNOW                     | . —              |          |             | 2b. HOUR      |
| l |                       |                                  | Ruth                                   |                              | Α.               |                   | UTCHLE         |                    |               | DEATH MATE                    | D 🗆 12           |          | 1980        | 554           |
| l | 3. SE                 | X                                | 4. RACE                                | 5. DATE OF BIRTH             | YEAR             | LAST BIRTHDAY)    | FUNDER 1       | R. IF UNDER        |               | DATE                          | MONT             | H DAY    |             | 2d. HOUR      |
| l |                       | emale                            | White                                  | Nov. 28,                     | 1901             | 79 YRS.           |                |                    |               | DEAD                          | 12               |          | 1980        | 554R          |
| l | 70 B                  | RTHPLACE (5                      |  |                              | HAT COUNTRY      | ? 8. <sub>M</sub> | ARRIED -       | NEVER MARR         | IED   9. E    | BALTIMORE C                   |                  | NTY OF   | DEATH       |               |
| Į |                       | Florid                           |  | USA                          |                  |                   | DOWED 🗶        | DIVORC             |               | Garret                        |                  |          |             | MD            |
| н |                       | ity or town<br>kland             | OF DEATH                               | Garrett                      | PITAL, NURSIN    | ADDRESS)          | OTHER INST     | ITUTION            | FOR MOST      | OCCUPATION<br>OF WORKING LIFE | Y (TYPE OF WORE) | K 12b. K | OR INDUST   | ISINESS<br>RY |
| L |                       |                                  |  |                              |                  |                   | dospit         | al                 | Hous          | sewife                        |                  |          | Home        |               |
| 1 |                       | TATE                             | 13b. COUN                              | OR OTHER INSTITUTION, GIV    | 13c. CITY OR     | TOWN              | 13d INS        | IDE CITY LIMITS?   | 13e. STREET   | ADDRESS                       |                  |          |             |               |
| ı |                       | Md.                              | Gar                                    | rett                         | Deer             | Park              | YES            | □ NO 🛛             | Rout          | te #4,                        | Box 69           | 1        |             |               |
| ļ | 14 F.                 | ATHER'S NAME                     |  | MIDDLE                       | LAST             |                   | 15. MC         | THER'S MAIDE       | ENNAME        | MIDDLE                        |                  | 12.      | LAST        | - 35          |
| ۱ |                       | John                             |  |                              | Hint             |                   |                | Lenora             |               | Grace                         | 30_15            | H        | larde       | 2             |
|   | 16a. \                | VAS DECEASEI<br>ES, NO, OR UNKNO | D EVER IN U.S. AR                      | MED FORCES?<br>WAR OR DATES) |                  | SECURITY NO       |                | ORMANT             |               |                               | RESS             |          |             |               |
| Į |                       | No                               |  |                              | 1 263-5          | 6-0669            | Mr             | s. Myrr            | na Kahi       | , See                         | #13 ab           |          |             |               |
| I |                       | 18. CAUSE O                      | F DEATH (Enter on                      | ly ane cause per line        | for (a), (b), an | d (c).)           |                |                    | Tio 's        |                               |                  | BET      | APPROXIMATE | T AND DEATH   |
|   | 14                    |                                  |  | TE CAUSE (a)                 | mphoma           |                   |                |                    |               |                               |                  | M        | lonths      | 3             |
|   |                       | 200                              | ns, if any, which                      |                              | AS A CONSEC      | DUENCE OF         |                |                    |               |                               |                  |          |             |               |
|   |                       | gave ri                          | se ta immediate                        | (b)                          |                  |                   |                |                    |               |                               |                  |          |             |               |
|   |                       | lying cau                        | stating the <u>under</u> -<br>se last. | DUE TO, OR                   | AS A CONSEC      | QUENCE OF         |                |                    |               |                               |                  | 8 8      |             |               |
|   |                       | SARY S AVUER (I                  |  | (c)                          |                  |                   |                |                    |               |                               |                  |          |             |               |
|   | z                     | PART Z UTHER SI                  | GNIFICANT CONDITIONS                   | CONTRIBUTING TO DEATH I      | BUT NOT RELATED  | O THE TERMINAL C  | ISEASE OR CONC | DITION GIVEN IN PA | RT 1 (a),     |                               |                  |          |             |               |
|   | 10                    | 190. DATE OF                     | OPERATION                              | 196 CONDIT                   | ION FOR WH       | ICH OPERATIO      | N WAS PERI     | FORMED?            |               |                               |                  | 120      | AUTOPSY:    | 2             |
|   | FIC                   | 1                                |  |                              |                  |                   |                |                    |               |                               |                  |          |             |               |
|   | MEDICAL CERTIFICATION |                                  | AL CAUSE WAS                           | 21b. TIME OF                 |                  |                   | c HOW INJ      | URY OCCURRE        | D (ENTER NATU | RE OF INJURY IN IT            | TEM 18 PART 1 OR | PART 2)  | YES 🗌       | NOV           |
| ١ | ALC                   | UNDERLYING                       | OR<br>NG CAUSE OF                      | HOUR A.M.                    | MONTH DA         |                   |                |                    |               |                               |                  |          |             |               |
| l | DIC                   | 21d. INJURY C                    |  | 21e. PLACE C                 | OF INJURY (A     | 19<br>17 HOME, 21 | LOCATION       | 1                  |               |                               |                  |          |             |               |
|   | M                     | WHILE T                          | NOT WHILE                              | STREET, FACTO                | ORY, FARM, ETC.) |                   | STREET         |                    | CI            | TY OR TOWN                    |                  | COUNTY   |             | STATE         |
|   |                       |                                  | 0                                      |                              |                  |                   |                |                    | F.            |                               |                  |          |             |               |
|   |                       |                                  | //                                     | ge of the remains desc       |                  | 1                 | utapsy 🔲       | , Inspection       |               | nquiry K,                     | and in my        | apinian  |             |               |
|   | 1                     | death resulte                    | ed filom: Natu                         | ral causes                   | Accident         | , Spicide         |                | amicide            | Undeterm      | ined manner                   | <b>□</b> ,       |          |             |               |
|   |                       | ACTUAL                           | /x -                                   | 11-                          | 1-               | X-                | O DE           | PUTY (             |               |                               | DAT              | E 12     | 2-25-1      | 980           |
| • |                       | SIGNATURE.                       |  |                              | -                | /                 | M.D            |                    | MEDICA        | LEXAMINER                     | SIG              | NED      |             |               |
|   |                       | EXAMINER'S                       | NAME Jame                              | s H. Feast                   | ter, Jr          | ., M. I           | ). ADDRE       | , 107 S            | . 2nd.        | St.,                          | Oaklan           | d, M     | laryle      | ind           |
| 1 | 23o. B                | URIAL, CREMA                     | TION,REMOVAL                           | 73b. DATE                    |                  | AE OF CEMETE      |                |                    | 23d. LOCA     |                               |                  |          |             |               |
|   | (                     | SPECIFY) bu                      | rial                                   | 1/2/81                       |                  |                   |                | Cemeter            |               |                               | ade.             | Fla      | rida        | TATE          |
|   | 24. F                 | UNERAL DIRECT                    |  |                              |                  |                   |                | 25a, DATE          | REC'D. BY RE  | GISTRAR 25b.                  |                  | SSIC     | CUST        | 4             |
| I | Bi                    | radley.                          | A. Stewa                               | rt Oakla                     | and, Ma          | ryland            | 2155           | 0 1                | AN 12         | 1901                          |                  |          | 1           | E.            |

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STATE OF MARYLAND

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. M. Tollater . . . Chairman Enough Silva:

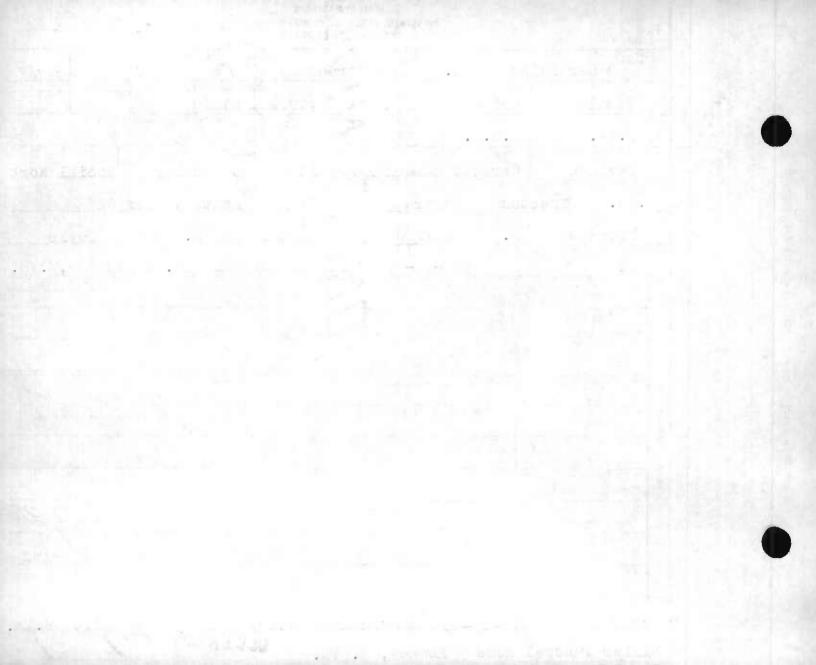
| 2 1 | _ FOR                                 | g551 1/23   | /81 gj                          |  | TE OF MARYLAND<br>HEALTH AND MENT.    | AL HYGIENE                             | 41.9                | 0 0 0                                |                |
|-----|---------------------------------------|---|---------------------------------|--|---------------------------------------|--|---------------------|--------------------------------------|----------------|
| ,   | - STATE<br>REGISTRAR                  |   |                                 |  | IER'S CERTIFICAT                      |  | REG. NO.            | 2 2 2                                | U              |
| *   | (TYPE OR PRINT)                       |   | id                              | James .  | Reckart                               | 2ª DATE<br>OF<br>DEATH                 | KNOWN MONI          | 2 15 80                              | 4159           |
| 3   | Male                                  | White   | 5. DATE OF BIRTH                | YEAR 6. AGE (IN YEAR LAST BIRTHD                               | ARS IF UNDER 1 YR. IF UNDER 1 YR. HOU | NDER 24 HRS. 2c. DATE PRONOUN DEAD     | NCED 1              | 2 15 80°                             | 5157           |
| 5   | Ta. BIRTHPLACE                        | (STATE OR   | 76. CITIZEN OF WI               | HAT COUNTRY?   | 8. MARRIED   NEVER M                  |  | ORE CITY OR COU     | NTY OF DEATH                         |                |
| 1   | Vakland                               |   | all .                           |  | OR THES PLETTON                       |  | PATION (TYPE OF WOR | OR INDUST                            | USINESS<br>TRY |
|     | JSUAL RESIDENCE<br>3 STATE<br>West Vo | MERCHANICAL IN                                      |                                 | VE RESIDENCE BEFORE ADMISS<br>13 CITY OR TOWN<br>Jerra ALL     | 13d. INSIDE CITY LIM                  | 152 13e STREET ADDRE                   |                     |                                      |                |
| 9   | 4. FATHER'S NA                        |   | James                           | Reckart  | 15. MOTHER'S A                        | AIDEN NAME                             | IDDLE               | Nair                                 |                |
| 1   | (YES, NO OR UNK                       | SED EVER IN U.S. AR<br>NOWN) (IF YES, GIVI          | RMED FORCES?<br>E WAR OR DATES) | 16b SOCIAL SECURIT   | TINO.                                 | James Recka                            | ADDRESS             |                                      |                |
|     | Condi gave cause                      | DEATH WAS CAUSE                                     | ATE CAUSE (a) DUE TO, OR (b)    | Ruptured AS A CONSEQUENCE                                      | Heart; Rupt of Chest)                 | ured Liver                             |                     | APPROXIMAT<br>BETWEEN ONSE<br>Sudden | ET AND DEATH   |
|     | NO                                    | OF OPERATION  | TELECE                          |  | NIMAL DISEASE OR CONDITION GIVEN      | IN PART 1 (a).                         |                     | 2D. AUTOPSY<br>YES                   |                |
|     | CONTRIBL                              | NAL CAUSE WAS  NG OR  OTHER  OF  YOCCURRED  AT WORK | DEATH P.M                       | INJURY  A. MPYTH1DAY  19  DF INJURY (ATHOME, TORY, FARM, ETC.) | 21f LOCATION                          | urred lenter nature of indidentally di |                     | .3030 1                              |                |
| 185 |                                       | ulted fram Natu                                     | ural causes .                   | tak  | DEPUTY                                | Y) MEDICAL EXAM                        | anner ,             | 12-15-                               | 80             |
| 2   | EXAMINER<br>(TYPE OR E                | YS NAME Jame  |                                 | ter, Jr., M  | ADDRESSADDRESS                        | 3. 2nd. St.,                           |                     | Md.                                  |                |
|     | Burial<br>HUNERALDH                   |   | 12-13-80<br>ADDRESS             | Oakland<br>(05 High  | Cemetery<br>Land Ave 250. D           | Oaklan ATE REC'D. BY REGISTRA          | d, Garnet           | Marula<br>SIGNATURE<br>Fry MC        |                |

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| tradus 1                      | Ingleson                    | Per Sc. Mets. | Ha2 (AU)    | n Co      |
| 1:1 "10.10                    |                             | 1, 2460       | ich y vieil | , , , \   |
| ationing lain                 | ii. )                       | gerico.       | V2 (x2)     |           |
| Law Solver                    | in m                        |               |             | 0         |
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|                               |                             |               |             | Tells III |
| A Treets Altai Evaston Acas V | ear Lt. Moz.                |               |             | ×         |
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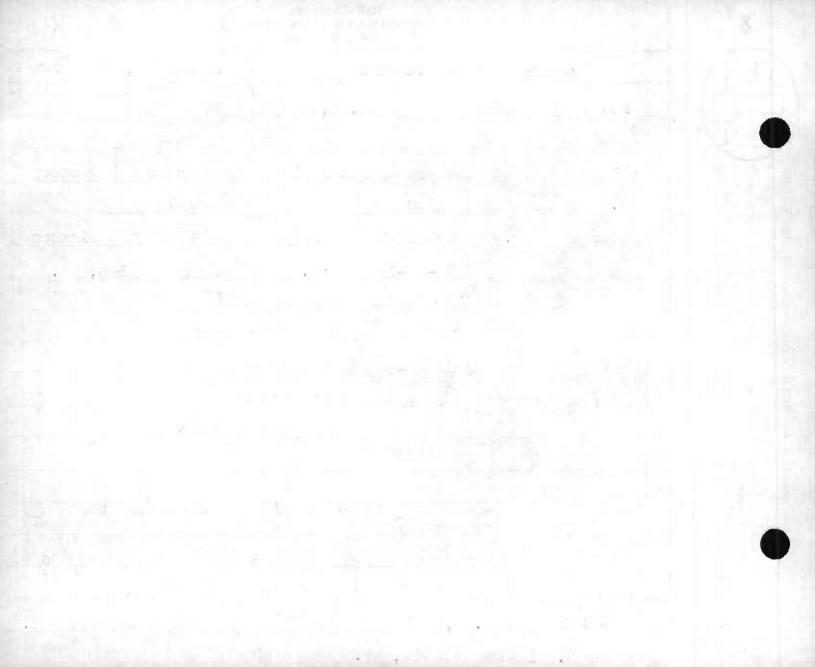
|               |  | STA   | TE OF MARYLAND                             | dia de   |  |     |
|---------------|--|---|--|--|--|-----|
| 1             | FOR STATE REGISTRAR  |   | HEALTH AND MENTAL HYGIE<br>FICATE OF DEATH | NE 8 0   | 3 2 2 2 1  |     |
| 1. D          | PECEASED NAME FIRST  | MIODLE  | AST 2                                      | 0. DATE OF DEATH MOI                                 | 20.11001   |     |
|               | Carrie   | h .   | LOUNEK                                     | 18   | 2 20 80 7:20   | bu  |
| 3. 5          | A RACE   | 5. DATE   |  | . AGE (IN YEARS LAST BIRTHDA                         | MONTHS DAYS HOURS MIN  |     |
| 11            | F  | WO  | 24 88                                      | 12   | YRS.   |     |
| 70.           | BIRTHPLACE STATE OR FOREIGN 76 CITIZE                                | N OF WHAT COUNTRY? 8. MARRI                               | ED O NEVER MARRIED O                       | BALTIMORÉ CITY OR C                                  | COUNTY OF DEATH  |     |
| N             | lestmhister Md   | USA IWIDON  |  | 60   |  | MD. |
|               | CITY OR TOWN OF DEATH  | T IN SUCH FACILITY GIVE STREET NORTH                      |  | 2a, USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF WO |  | )R  |
| 90            | Cakland 1 Do   | mett Knod Mi  | anor No H.                                 | Housewife  | HOME   |     |
| 30 130        | UAL RESIDENCE (IF NURSING HOMEOR OTHER INST                          | ITUTION, GIVE RESIDENCE BEFORE ADMISSION                  | 13d. INSIDE CITY LIMITS?                   | 3e STREET ADDRESS                                    | nd St.   |     |
|               | FATHER'S NAME  | THE HIGHE   | 15. MOTHER'S MAIDEN NAME                   |  |  |     |
| 60            | FIRST MIDDLE   | Frizzell  | Anna                                       | WIDDLE   | Parker   |     |
|               | WAS DECEASED EVER IN U.S. ARMED FOR                                  |   | 17 INFORMANT                               | ADDRESS  | ,  |     |
| 2 160         | (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DA                         | 273-30-8865   | A Helen B The                              | cuman le   | Vestminster, Th  | 71  |
|               | 18 CAUSE OF DEATH (Enter only one co                                 | use per line for (a), (b) and (c).                        | 1 -  | 7  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEAT   | H_  |
|               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE                         | 10) Dre   | monut                                      |  | 17/3/82  | >   |
|               | 1/0/0  | TO, OR AS A CONSEQUENCE OF                                |  |  |  |     |
| 7             | Conditions, if ony, which  | (b)   |  |  |  |     |
| 9             | gave rise to immediate   | TO, OR AS A CONSEQUENCE OF                                |  | WELLOW HE TO   |  |     |
| SP            | underlying couse lost  | (c)   |  |  |  |     |
|               | PART 2 OTHER SIGNIFICANT CONDITION                                   |   | T NOT RELATED TO THE TERMIN                | IAL DISEASE OR CONDIT                                | ION GIVEN IN PART 101  |     |
| CERTIFICATION |  | H3H1.   | (ychov                                     | selve i  | nolly  |     |
| 7 8           | 190 DATE OF OPERATION 196  | CONDITION FOR WHICH OPERATION                             | ON WAS PERFORMED                           | 20a. AUTOPSY? 20                                     | Ob. IF YES, WERE ANDINGS USED CERTIFYING CAUSES OF DEATH?  |     |
|               |  |   |  | YES NO   | YES NO   |     |
|               |  | IME OF INJURY<br>UR A.M. MONTH DAY YEAR                   | 21c. HOW INJURY OCCURRED                   | D (ENTER NATURE OF INJURY IN                         | ITEM 18, PART 1 OR PART 2)   |     |
| 1 8           | OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. 19   |  |  |  |     |
| MEDICAL       | 21d. INJURY OCCURRED 21e. I  | PLACE OF INJURY DME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211. LOCATION<br>STREET                    | CITY OR TOWN   | COUNTY STATE   |     |
| 1             | WHILE NOT WHILE AT WORK  |   |  |  |  |     |
|               | 22a.l certify that (I) (this hospital) atten                         |   | 19 )9                                      | , to ( L LO  | 19 that (I) (ye) I   | ost |
|               | sow the deceased alive on obove, (1) (we) (did) (did note view h     | tody after death.   | and that in (my) (ger) opinion de          | oth occurred on the date                             | and hour and from the causes stated  |     |
|               | 22b. SIGNATURE   |   | DEGREE                                     |  | 22c. DATE SIGNED   | 7   |
|               | 1 100  | mon   | ATTENDING<br>PHYSICIAN                     | MEDICAL STAFF DIRECTOR PHYSICIAI                     | NO 151501  | 05  |
| 1             | 224. PHYSICIAN'S NAME (TYPE OR PRINT)                                |   | 22e. ADDRESS                               |  |  |     |
|               | Thomas Jo  | nnson   | 1214 Crook C                               | rest Oa  | kland, Md 21.  | 53  |
| 230           | BURIAL, CREMATION, REMOVAL 23b. D.                                   |   | CEMETERY OR CREMATORY                      | 23d. LOCATION<br>CITY OR TOWN                        | COUNTY STATE   |     |
|               | Burial 12.   | -23-80 Westa  | inster, md                                 | Westmiss   | ER CARROLL TITA  | 2   |
| 24.           | FUNERAL DIRECTOR   | 0 20des 1   | 1 mal Marion                               | REC'T SHEGISTRAND                                    | REGISTRATE GRANATURE   |     |
| A             | Robert Tol Pull  | ti. resemble  | and had .                                  |  | The state of the s |     |
|               |  |   |  | 10.377.20.   |  |     |

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

STATE OF MARYLAND



DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2225

| FOR<br>STATE<br>REGIST             | RAR  |                                  | DEPARTM                          |                | FICATE OF DEATH                          | 0 0                                  | <b>3</b><br>REG. NO.    | 2 2                   | 2 5                                |
|------------------------------------|--|----------------------------------|----------------------------------|----------------|--|--------------------------------------|-------------------------|-----------------------|------------------------------------|
| 1. DECE ASED                       | 1. DECEASED NAME FIRST   |                                  | DIE                              |                | LAST                                     | 2a. DATE OF DE                       |                         | AY YEAR               | 2b HOUR                            |
| (TYPE OR PRINT)                    | Acie   | Zewin                            | ngle                             |                | SIMON                                    |                                      | 12-15                   | 80                    | 0725a                              |
| 3. SEX                             |  | 4 RACE                           |                                  | 5. DATE O      |  | 6 AGE (IN YEARS                      |                         | IF UNDER I YEAR       | IF UNDER 24 HRS                    |
| Mal                                | e  | White                            |                                  | MONT           | 29 1905                                  | 75                                   | YRS                     | ONTHS DAYS            | HOURS MIN                          |
| 70 BIRTHPLAC                       | E (STATE OR FOREIGN  | 76 CITIZEN OF WH                 | 1                                |                | DE NEVER MARRIED                         |                                      | CITY OR COUNTY          | OF DEATH              |                                    |
|                                    | own of death<br>and  | 11. NAME OF HO                   | SPITAL, NURSING                  |                | OR OTHER INSTITUTION                     | Garr 12a USUAL OCC (TYPE OF WORK FOR | CUPATION                |                       | ME<br>DF BUSINESS OR               |
| USUAL RESIDI                       | ENCE (IF NURSING HOME OF 13b, COL                                      | INTY , 13                        | CITY OR TOWN                     |                | 13d INSIDE CITY LIMITS? YES NO K         | 130 STREET ADD                       |                         |                       |                                    |
| Wi.                                | lliam  | MIDDLE                           | Simon                            |                | 15 MOTHER'S MAIDEN NAI<br>FIRST<br>Anna  |                                      | B.                      | Day                   | vis                                |
| YES, NO                            | EASED EVER IN U.S. A<br>UNKNOWN) (IF YES, GI                           |                                  | social secur<br>36 03 2          | 1TY NO.<br>448 | Minnie Sin                               | non De                               | er Park                 | , Md                  |                                    |
| gove<br>couse<br>underly<br>PART 2 | ions, if ony, which rise to immediate (0), stating the ying cause last | DUE TO, OR A                     | s a consequen                    | NCE OF         | NOT RELATED TO THE TERM                  | INAL DISEASE O                       | r condition give        | EN IN PART 1          |                                    |
| S E                                | E OF OPERATION  B 18 17 8  IDENT WAS UNDERLYING                        | Carc                             | inoma                            | PERATIO        | ON WAS PERFORMED                         |                                      | O YES                   | , WERE FINDING CAUSES | NGS USED<br>OF DEATH?              |
| 00.0000                            | RIBUTING CAUSE OF D  | EATH HOUR A.M.                   | MONTH DAY                        | Y YEAR         | THOW INJURY OCCUR                        | KED (ENTER NATURE                    | OF INJURY IN HEM (B, PA | RT ( OR PART 2)       |                                    |
| WHILE AT WORK                      | URY OCCURRED  NOT WHILE AT WORK  | 21e PLACE OF<br>(AT HOME, STREET | INJURY<br>, FACTORY, OFFICE, FAF | RM, ETC.)      | 211 LOCATION<br>STREET                   | Cit                                  | Y OR TOWN               | COUNTY                | STATE                              |
| 1/0 W                              | the deceased alive a   | 12/14                            | 180 19                           | 818            | nd that in (my) (all) opinion            | to 12 death occurred o               | 1                       |                       | that (I) (we) los<br>couses stated |
| 226.51G                            |  | e alv                            | avs                              | nis            | DEGREE  ATTENDING PHYSICIAN  22e ADDRESS | MEDICAL<br>DIRECTOR                  | STAFF<br>PHYSICIAN      | 224. DATE             | SIGNED BC                          |
|                                    |  | h Alvarez                        | 0                                | 50             | Ite ADDRESS                              |                                      | Oaklan                  | d, Md.                |                                    |
| 23a. BURIAL, C<br>(SPECIFY)        | remation, remova<br>ial  | 236. DATE<br>2-18-80             | 1                                |                | zemetery or crematory                    |                                      | garden.                 |                       |                                    |
| 24 FUNERAL DAWE                    |  | dock Ki                          | tzens                            | r N            | 25a. DK                                  | FREC S. BY RES                       | STRAR 256. REGISTE      |                       | URE                                |

KitzMiler, Md

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. W. , and the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE L DECEASED NAME FIRST 20. DATE KNOWN 2h HOUR TYPE OR PRINT ESTI-12 161.80 HOURS Mildred DEATH MATED SMITH Eleanor 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 3. SEX 4 RACE 5. DATE OF BIRTH 2d. HOUR 20 DATE LAST BIRTHDAY MONTH PRONOUNCED 316P 6 Female 76 YRS DEAD White 1901 Jan. 19 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL Garrett Md. USA WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Garnettoniconstructionial Hospital OR INDUSTRY Oakland FOR MOST OF WORKING LIFE) Homemaker Own Home 3. RETAIN PASHOULD BE I USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 13a. STATE Garrett Crellin 113d. INSIDE CITY LIMITS? Md. REC NO I RM PM 3. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Smith Hallie Grace Freeland John FORM 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Self No None -- Pre - Arranged 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: HYGIENE, Hypothermia hrs. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL TRANSIT ALTH AND MENTAL HYO MATION, OR REMOVAL Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Malnutrition: Arteriosclerosis CERTIFICATION USED 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, NO YES [ 3 SHOULD BE DEPARTMENT BE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PAA PRIOR 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK PAGE STATE SHOULD BE FORVER PEATH, WITH THE ST Inspection 🔼 Inquiry X 224 I certify that I wok charge of the remains described above, held an Autopsy death resulted from Notural causes Homicide Undetermined manner CERTIF TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA DATE 12-16-1980 SIGNAPORE MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., Modern 107 S. 2nd. St., Oakland, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria Oakland Garrett Md. Garr. Memorial Gard BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Robert Durst Oakland, Maryland 15M 7/77

WHICHURSON WINGSON WHE

A profession and the second - Jensey Commission Commission innifeer | esemble of the second of the seco per contra - per -- talle -- t THE STA Burgar Living County technical at the series of the series Selection of the select



David A. Burdock Kitzmiller, Md.

FOR - STATE

REGISTRAR

DECEASED NAME

BP.

DHMH - 16 50M 7/77

(VR A 15 (4))

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 26 HOUR 26 1980 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH Garrett 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY 13e. STREET ADDRESS MIDDLE Susas Sharpless ADDRESS Swanton, Md APPROXIMATE INTERVAL BETWEED ONSET AND DEATH 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

Mt.

STATE

COUNTY

Zion GarretteMd

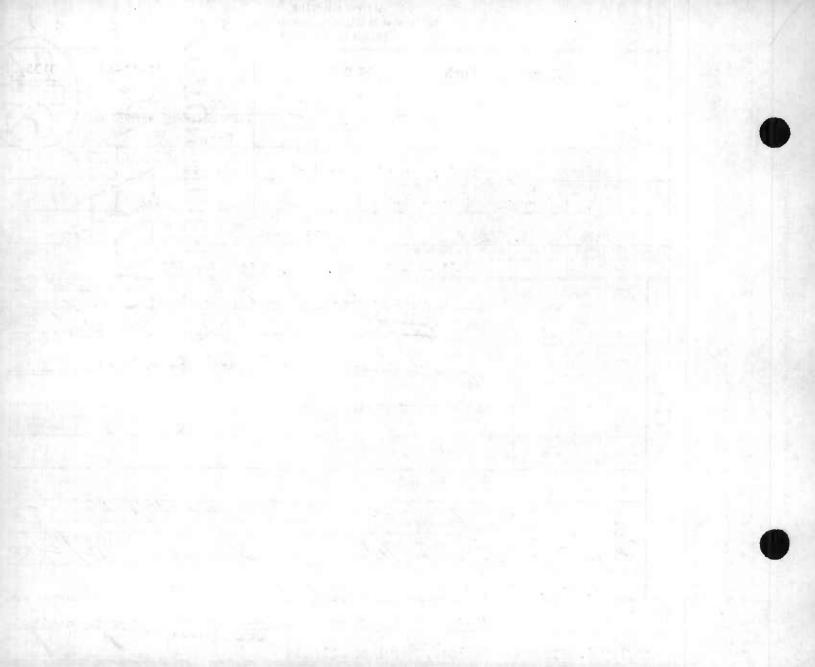
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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| Street, March 1997   |                |                  |            |  |
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| Carlo ber from the state of  | gradomo, nod.  | ा विद्वित सह     | Editor     |  |
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|          |            | 1             | FOR  |                        | 0.004.074                 |              | E OF MARYLAND                  |                              | no gr          | 0 0               | 0 0                                  |
|----------|------------|---------------|--|------------------------|---------------------------|--------------|--------------------------------|------------------------------|----------------|-------------------|--------------------------------------|
|          |            | 1             | - STATE<br>REGISTRAR                                       |                        | DEPARTA                   |              | EALTH AND MENTAL HYG           | REG. N                       | <b>5</b>       | 2 2               | 2 8                                  |
| 100      |            |               | ECEASED NAME FIRST   |                        | WIOOFE                    |              | AST                            | 20 DATE OF DEATH             |                | OAY YEAR          | 26 HOUR                              |
| ~        |            |               | Nellie   | Ma                     | e T                       | ASKE         |                                | Decembe                      | r 17,          | 1980              | 9:05 PA                              |
| INA      |            | 3 SI          |  | 4 RACE                 |                           | 5. DATE (    |                                | & AGE (IN YEARS LAST BIR     | (HDAY)         | IF UNDER 1 YEA    | R IF UNGER 24 HRS                    |
| ATE      |            |               | Female   | White                  | 9                         | Oct          | . 3, 1905                      | 75                           | YRS            | MONTHS            | , ROOKS MIN                          |
| 200      | 2          | 70. B         | BIRTHPLACE (STATE OR FOREIGN                               |                        | WHAT COUNTRY?             | 8.<br>MARRIE | D NEVER MARRIED                | 9 BALTIMORE CITY C           | _              | Y OF DEATH        |                                      |
| 100      | 5.         | 1             | Md.  | USA                    |                           | WIDOWI       | DIVORCED                       | Garre                        | tt             |                   | M                                    |
| 11       | ptified /  | 1             | ITY OR TOWN OF DEATH                                       |                        | HOSPITAL, NURSIN          |              | OR OTHER INSTITUTION           | 120 USUAL OCCUPAT            |                | 12b. KIND         | OF BUSINESS OR                       |
| Ped      | 1          |               | akland   | Garr.                  | Co. Mem                   | oria         | l Hospital                     | Housewi                      | fe             | Own               | Home                                 |
|          | d Som      | 13a           | STATE Md. IF NURSING HOME COU                              | NTY rett               | GIVE RESIDENCE BEFORE     | d ADMISSION) | 13d INSIDE CITY LIMITS?        | 13301 Bras                   | ley            | Manor             |                                      |
|          | nine.      | 14 F          | ATHER'S NAME   | MIDOLE                 | LAST                      |              | 15. MOTHER'S MAIDEN NAM        |                              |                |                   |                                      |
|          | exou       |               | James  | WIDOLE                 | Nelson                    |              | Ollie                          | WIDOLE                       | R              | liggle            | nan                                  |
|          | dicol      |               | WAS DECEASED EVER IN U.S. A                                | RMED FORCES?           | 166 SOCIAL SECU           | RITY NO.     | 17. INFORMANT                  | ADDR                         |                | 00                |                                      |
|          | Ĕ          |               | No No  | E WAR OR DATES)        | 218-48-                   | 9507         | Mr. LeRoy                      | Tasker                       |                | same a            | as 13                                |
|          | event, the |               | 18 CAUSE OF DEATH (Enter o                                 | nly ane cause pe       |                           |              |                                |                              |                | APPRO             | XIMATE INTERVAL<br>N ONSET AND DEATH |
|          | vent       |               | PART I. DEATH WAS CAUS                                     | ED BY:<br>TE CAUSE (0) | Preumo                    |              |                                |                              |                | OI I WEET         | Y ONSET AND DEATH                    |
| or re    |            |               | 1) 45/11   | DUE TO C               |                           |              |                                |                              | - 13           |                   |                                      |
| ion,     | roumatic   |               | Conditions, if any, which                                  | ( ,b)                  | OR AS A CONSEQUE          | NCE OF       |                                |                              |                | 0 - 1             |                                      |
| tom:     | er tro     |               | gove rise to immediate cause 101, stating the              | DUETO                  | DAS A CONSTOUE            | NCE OF       |                                |                              |                |                   |                                      |
| l, cre   | othe       |               | underlying cause last                                      | DUE TO, C              | Diahi                     | NCE OF       | mellites                       |                              |                |                   |                                      |
| 0000     | ν, ο       |               | PART 2 OTHER SIGNIFICANT                                   |                        |                           |              |                                | NAL DISEASE OR CON           | DITION GE      | VEN IN PART I     | Ital                                 |
| 101 101  | ınjury,    | CERTIFICATION |  |                        |                           |              |                                |                              |                |                   |                                      |
|          | ony        | S.            | 190 DATE OF OPERATION                                      | 19b. COND              | ITION FOR WHICH           | OPERATIO     | N WAS PERFORMED                | 20a AUTOPSY?                 | 20b IF YE      | S, WERE FIND      | INGS USED                            |
|          | 3-L        | I I           |  |                        |                           |              |                                | YES NOT                      |                | IFYING CAUSE      | S OF DEATH?                          |
|          | 800        | CER           | 210 ACCIDENT WAS UNDERLYING                                |                        |                           | WE 4.6       | 21c. HOW INJURY OCCURR         | ED (ENTER NATURE OF INJUI    | RY IN ITEM 18, | PART 1 OR PART 2) |                                      |
|          | E          | A             | OR CONTRIBUTING CAUSE OF DE                                |                        | .M. MONTH DA              | Y TEAR       |                                |                              |                |                   |                                      |
|          | ō          | MEDICAL       | 21d. INJURY OCCURRED                                       | 21e PLACE              | OF INJURY                 |              | 211 LOCATION<br>STREET         |                              |                |                   |                                      |
|          | orked      | 2             | WHILE NOT WHILE AT WORK                                    | (AT HOME, ST           | REET, FACTORY, OFFICE, FA | ARM, ETC.]   | SIREET                         | CITY OR TOV                  | /N             | COUNTY            | STATE                                |
|          | E          |               | 22a.1 certify that (I) (this hasp                          | ital) attended th      | ne deceased from          |              | . 19                           | to                           |                | 19                | , that (I) (we) last                 |
| 5        | 21 is      |               | saw the deceased alive or<br>abave, (1) (we) (did) (did no | A Secondaria           | 19                        | , 01         | d that in (my) (aur) opinion d | leoth occurred on the d      |                |                   | 1 . 1 .                              |
| L        | te a       |               | 22b. SIGNATURE   | of view the body       | offer death.              |              | DEGREE                         |                              |                | 22c. DAT          | E SIGNED                             |
|          | <u>=</u>   |               | - Jane   | 500                    | chon m                    | 5            | ATTENDING PHYSICIAN            | MEDICAL STA                  |                | 121               | 18/80                                |
| 010      | Z          | 1             | 22d. PHIS LIAN'S NAME (TYPE O                              |                        |                           |              | 22e ADDRESS                    | DIRECTOR LI PHISIC           | IAN            | 101               | 1-100                                |
| with the | MPORTANT   |               |  | D 1                    |                           |              | 0-1-1 W                        | D 01550                      |                |                   |                                      |
| M        | ₹          | 230           | BURIAL, CREMATION, REMOVAI                                 |                        | 122, 51                   | AME OF C     | Oakland, MI                    | 123d. LOCATION               |                |                   |                                      |
|          |            | 230.          | Burial   | 12/2                   |                           |              | on Cemetery                    | CITY OR TOWN .               | Stron          | COUNTY C          | arr. Md                              |
| _        |            | 24 F          | LINERAL DIRECTOR   | 1 7-1-11               |                           | • 41         | 25n DATE                       | REC'D BY REGISTRAR           |                |                   |                                      |
| 1/7      | 5          |               | Robert M. Du   | not X                  | Oakland                   | Ma           | myland DEC                     | REC'D. BY REGISTRAR 2 2 1980 | people         | 7/100             | Horty                                |
|          |            |               | TODGI O M. Du  | . 20                   | vakrand                   | , Ma         | TYTHIC                         |                              | -              | -                 |                                      |

And I was a state of the same The part of the same of the sa Proposition of the state of the the rate tenter of the relation of and the state of the special state of the special state of the state o AP THE DESIGNATION OF THE PROPERTY OF THE PROP Caraca Contracting Contracting

|  | FOR<br>STATE<br>REGISTRAR                       |  |                   | DEPART                               | MENT OF H    | EALTH AND MENTAL H                  | YGIENE 8                | O<br>REG. NO                         | 3                | 2 2                           | 2 9                              |
|--|---|--|-------------------|--------------------------------------|--------------|-------------------------------------|-------------------------|--------------------------------------|------------------|-------------------------------|----------------------------------|
| pe T   | 1. DECEASED NAME<br>(TYPE OR PRINT)             | FIRST  |                   | uth                                  |              | HITE                                | 20 DATE                 | OF DEATH                             | MONTH 12-1       | DAY YEAR                      | 2b HOUR 0135                     |
| e 4 moy  | 3 SEX Female                                    | 4  | RACE Whit         |                                      | 5. DATE C    | FBIRTH                              | 6 AGE (IN               | YEARS LAST BIRT                      |                  | IF UNDER I YEAR               |                                  |
| orth Pogg  | To BIRTHPLACE (STATE                            |  | CITIZEN OF        | WHAT COUNTRY?                        | 8<br>MARRIEI | X NEVER MARRIED                     | 9 BALTIM                | ORE CITY O                           | YRS.<br>OR COUNT | Y OF DEATH                    |                                  |
| ifter death<br>the funeral<br>d within 72<br>d within 72   | Maryland 10 CITY OR TOWN O                      |  | (# NOT IN SUCI    | OSPITAL, NURSIN                      | ADDRESS)     | ROTHER INSTITUTION                  | 12a USUA<br>(TYPE OF WO | rrett<br>LOCCUPATI<br>ORK FOR MOST O |                  |                               |                                  |
| hours of the hours | USUAL RESIDENCE (11                             |  | THER INSTITUTION  | 13c CITY OR TOW                      | E ADMISSION) | Hospital  13d INSIDE CITY LIMITS?   |                         | ewife<br>TADDRESS                    |                  |                               | Home                             |
| thin 24 fille 2 should   | Md.   | Garr   |                   | Deer Pa                              | rk           | YES NO X                            | Rou                     | te #3,                               | Box              |                               |                                  |
| d completed with a complete color of colors of | Charle  | s A  | Steye             | LAST<br>16b SOCIAL SECU              | RITY NO.     | Elizabet                            | h                       | ADDRE                                | ESS              | Wils                          | son                              |
| be exe   | (YES, NO OR UNKNOW)                             | (1F YES, GIVE W  |                   | 218-16-                              |              | Arthur C. h                         | hite,                   | See #1                               | 3 abo            |                               |                                  |
| that the death certificate be executed within 24 by the attending physician and completely filler asserted early one components. Pages I and 2 should be cremation, ar removal.  | Canditians, if gove rise to couse 101           | IMMEDIATE  any, which immediate                            | DUE TO, OR        | AS A CONSEQUE                        | che          | we Hear                             | t to                    | ailun<br>Disea<br>li Vane            | se uhrt          |                               | KIMATE INTERVAL                  |
| ING PHYSICIAN: The low requires that the categories that the categories.  After this certificate has been signed by the cast the buriel tronsit permit. Then please at the and Mental Hygiene prior to buriol, cresorded or them 18 shows any injury, or other corked or them.   | PART 2. OTHER  19a DATE OF OF  21a. ACCIDENT WA |  |                   | A Michigan                           |              | NOT RELATED TO THE TE               | ZOO AU                  |                                      | 20b. IF YE       | S, WERE FINDI<br>FYING CAUSES | NGS USED                         |
| YSICIAN: TI<br>ding physicia<br>s certificate<br>borriol-tronsit<br>Mental Hygi  | OR CONTRIBUTING                                 | CAUSE OF DEATH   | P.A               | M. MONTH D<br>M.                     | AY YEAR      | 21c. HOW INJURY OCCI                | URRED (ENTER I          | NATURE OF INJUR                      | RY IN ITEM 18,   | PART I OR PART 2)             |                                  |
| ottendister this sithe bundand Michael   |   | OT WHILE   | 21e PLACE C       | OF INJURY<br>EET, FACTORY, OFFICE, I | FARM, ETC.)  | 211. LOCATION<br>STREET             |                         | CITY OR TOV                          | WN               | COUNTY                        | STATE                            |
| or ATTENDI<br>he hospital or<br>DIRECTOR: A<br>toched for use<br>E Dept. of Heal   | saw the de                                      | it (1) (this bospito<br>ceased olive on<br>ydid) idid not) | Lecen             | der 10,9 1                           | 20 ar        | d that in (my) (sort opinio         | /                       | L STAF                               | FF               |                               | that (1) (we) last causes stated |
| ro Hospital etoined by th TO FUNERAL should be deto with the State   | Herb  | ert H. L   | eighton           |                                      |              | Oak Street,                         | 0ak1a                   | nd, Ma                               |                  | d 2155                        | 50                               |
| BP   | 230 BURIAL, CREMAT<br>(SPECIFY) bur             |  | 23b DATE<br>12/14 |                                      |              | emetery or cremator<br>hurch Cemete | ry Dee                  | r Park                               | . Gaio           | COUNTY                        | state<br>lany land               |
| DHMH - 16 50M 1/76<br>(VR A 15 (4))  | Bradley A                                       |  | t Oak             | land, Ma                             | rylan        |                                     | MERCOL BY               | SE FOR ONE                           | 25b. REGIS       | TRAPS SIGNA                   | TURE                             |



| Second   Find   Second   Sec   |              | DECEASED-NAME Firs (Type or print)  |   | Last  | 2a. DATE OF DEATH  | 2b. F                                     | HOUR          |
|--|--------------|---|---|---|--|---|---------------|
| Male  O. BIRHHARE (Stole or foreign O. DISHHARE (Stole or foreign) O. DISHARE (Stole or foreign) O. OR AS A CONSCOURSE (Stole or fore | 1            | Hugi  |   | Wilson  | Dec Manth 220a   | 1980 3:                                   | 00            |
| The country      | 6            |   | 4. RACE<br>White  |   | OT [ last_birthday)  |   | 24 HRS<br>MIN |
| State   Stat   | (0)          | untmil  |   |   |  |   | A             |
| 18. COUNTY Garrett   Kitzmiller   No   Main St.     18. FATHERS NAME   First   Middle   Lost   My   Wilson   Ny the   Pew     16. MAS DECASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Address   Pew   |              | Kitzmiller  | give street oddress) St.  | during  | OCCUPATION (Kind of work done of a working life, even if setired.) | 12b. KIND OF BUSINESS                     | OR            |
| 16a. WAS DECEASED EVER IN U.S. ARRED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   Address   17. INFORMANT   Address   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))   18. CAUSE OF DEATH (Enter only one couse per line for (o), (c), (c), (d), (d)   18. CAUSE OF DEATH (Enter only one couse per line for (o), (c), (d), (d), (d)  | 130<br>ad    | o. USUAL RESIDENCE (Where deced<br>missian) STATEM d.   | ised lived, if institution: Residence before  |   | 13e STREET AND NUMBER  Main St.                                    |   |               |
| Vest of DEATH (Enter only one cause per line for (a), (b), and (c).)   PART I. DEATH WAS CAUSE BY:   PART I. DEATH WAS CAUSE BY:   Conditions, if any, which gave inse to immediate cause (a), stating the underlying cause lost.   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT 2. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)    PORT   | 14.          |   |   |   | st Middle  |   |               |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).   | 16           | Yes, na, ar unknawn) (If yes give   | wor or dates of connect   |   |  | ler, Md.                                  |               |
| HOUR A.M.   Month Day Year   19   21d.   INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, SIRRET, FACTORY.)   21f. LOCATION   Street or R.F.D. No.   City or Town   County   State   22o.   Certify that (I) (this haspital) attended the deceased from   Saw the deceased alive an   Saw the deceased obove, (I) (we) (did) (did not) view the body ofter death.   22b. SIGNATURE   Calculated  | NO           | Canditions, if any, which gave nse to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO | D. BY:  ATE CAUSE (a) COLLE C  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c) | Heart Deserve   | my flus  NOITION GIVEN IN PART I(a)                                | 5 2/25<br>10 2/25                         | 27            |
| HOUR A.M.   Month Day Year   19   21d.   INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, SIRRET, FACTORY.)   21f. LOCATION   Street or R.F.D. No.   City or Town   County   State   22o.   Certify that (I) (this haspital) attended the deceased from   Saw the deceased alive an   Saw the deceased obove, (I) (we) (did) (did not) view the body ofter death.   22b. SIGNATURE   Calculated  | ERTIFICATION | 190. DATE OF OPERATION 19b.   |   | YES NO NO   | CAUSES OF DEATH?   |   |               |
| While Not while of work  220. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an couses stoted obove, (I) (we) (did) (did not) view the body ofter death.  22b. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Rall Mocalandrella  21c. Totalion Street of R.F.D. No.  21c. Location Street of R |              | OR CONTRIBUTING CAUSE OF DEA  | TH HOUR A.M. Month Day Year<br>ner) P.M.  | 9   | nature of injury in Part 1 or Port 2,                              | Item 18.)                                 |               |
| saw the deceased alive an  | 1 🖴          | 21d. INJURY OCCURRED 21e  | PLACE OF INJURY (AT HOME, FARM, STREET, FA<br>OFFICE BUILDING, ETC.                                     | CTORY.) 21f. LOCATION Street or R.F.D. Na.  | City ar Town   | Caunty St                                 | ate           |
| 22d. PHYSICIAN'S NAME (Type) Ralph Calandrella  22d. ADDRESS  22e. ADDRESS  Kitzmiller, Md.  | MED          | UI WUIK OI WOIK   |   |   | · · · · · · · · · · · · · · · · · · ·                              |   |               |
| The Control of the Co | MED          | 220. I certify that (I) (the saw the deceased courses stoted obove  | live an 22 22   | 19 80 and that in (my) (our) onin   | O , ta <u>Jec. 22</u> , 19 ian deoth occurred on the do            | YU, that (I) (we<br>ote ond hour ond from | ) la<br>m th  |
|  | MED          | 220. I certify that (I) (the saw the deceased courses stoted obove 22b. SIGNATURE   | (1) (we) (did) (did not) view the   | 19 & O., and that in (my) (our) opin body ofter death.  20 JOEGREE ATTENDING DIR  122e. ADDRESS | D. STAFF PHYS. D   | ote ond hour ond from                     | ) la<br>m th  |

